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The Newsweekly for Pharmacy

C&D

17 December 2005

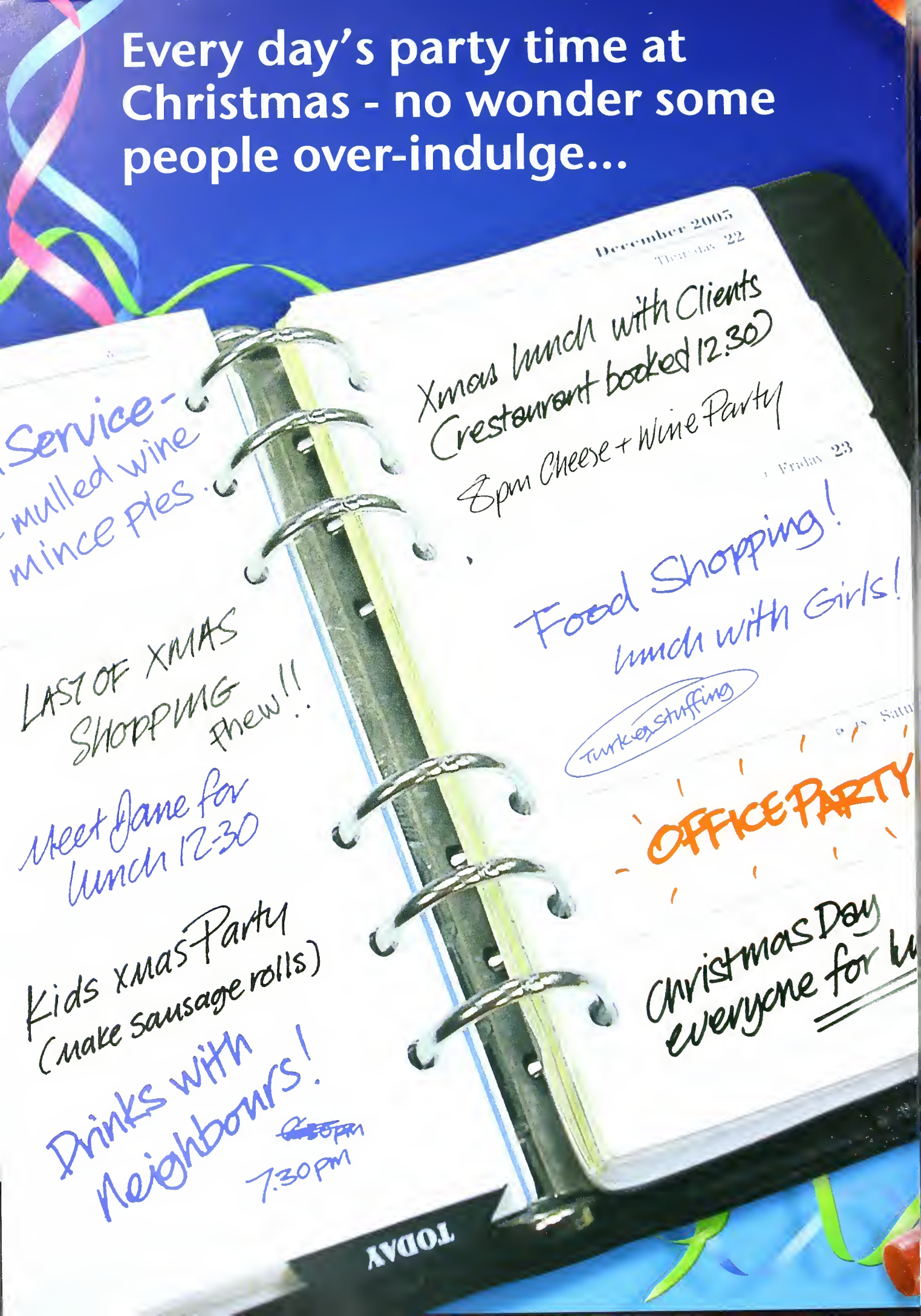
Extra 50 MURs per pharmacy up for grabs

Pharmacies get back to normal after oil blast

Waste regs put unwanted meds disposal at risk

A drive-through experience – but without the fries

Every day's party time at Christmas - no wonder some people over-indulge...



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Active ingredient: Bismuth Subsalicylate1.752 %w/v. Indications: For upset stomach, indigestion, nausea and heartburn. Controls common diarrhoea. Dosage and administration: Adults 16 and over: 30ml (6 x 5ml spoonfuls). Repeat dosage every half to 1 hour if needed. No more than 8 doses to be taken in 24 hours. Contraindications: Patients sensitive to aspirin. Precautions, side effects and warnings: Not to be taken with aspirin. Pepto-Bismol should not be used by those aged under 16 due to a possible association between salicylates and Reye's syndrome, a very rare but very serious disease. Use in pregnancy should be avoided. Use with caution in patients taking anti-coagulants or oral therapy for diabetes or gout. May cause a temporary darkening of the stool and/or tongue. If symptoms are severe or persist for more than 2 days a doctor should be consulted. Do not exceed the stated dose. Keep all medicines out of reach of children. Product licence number: PL 0364/0025. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, Rusham Park, Whitehall Lane, Egham, Surrey, TW20 9NW. Legal category: P. Date of preparation: May 2004.

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C&D

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This week

Regulars

Pharmacyupdate

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Features

DoH raises MUR limit to 250

The Department of Health has lifted the cap on advanced services from 200 to 250, raising individual contractors' potential income from medicines use review to £5,750 in year one of the new contract in England.

But PSNC has expressed disappointment that the cap misses its preferred limit of 300, which would have raised individual contractors' year one MUR/prescription intervention income to £6,900. PSNC chief executive Sue Sharpe said: "We would have liked a higher limit to encourage those pharmacists who have been quick to take up this new service."

The change applies to contractors in England who have conducted an MUR by January 1. Welsh contractors, and those English contractors who have not conducted their first MUR by January 1, will not benefit from the move. However, PSNC is expecting the Welsh Assembly Government to follow the DoH's lead "in its own time".

According to PSNC, contractors in England have carried out 20,000 MURs/PIs by the end of October. However, Mrs Sharpe is confident that this will rise to over 40,000 by the year-end, particularly as pharmacists get connected to the NHS IT network. She said: "N3 connection will help those paper-free GP practices which don't want paper-based reports."

Currently, 4,700 pharmacists are accredited to provide the MUR service, but she predicted near total accreditation by the end of next year. Acknowledging that the MUR service has got off to a relatively slow start, she believes that numbers are now building steadily.

"A large number of independents have been focussing on essential services and the fitness to practise regulations, and have needed time to get their heads around the changes," she said. The multiples, on the other hand, have been very keen to build their MUR/PI business, she added, and "have worked hard to achieve it".

"However, on the whole I feel things have gone reasonably well and that contractors have begun to implement the new contract. There is recognition that pharmacy services had to develop."

PSNC says that it has a number of contract funding issues still to discuss with the DoH. These include the MUR/PI service fee and number limit for 2006-07, as well as the reallocation of the unused IT budget from 2005-06. Where this money will end up is still being discussed, PSNC says, "but we have a guarantee that it will not be lost". **AC**

GPs raise MUR concerns

Sheffield GPs are to meet next month with representatives from the Sheffield LPC to discuss problems relating to MURs.

Sheffield LPC secretary Martin Bennett said the issues seemed to revolve around pharmacists trying to undertake a full clinical review rather than the more restricted MUR. "This is virtually impossible without access to patient notes and can result in recommendations that make no sense given the patient's history." He also reported problems with pharmacists who appear to be "too enthusiastic" about making evidence-based changes. "If the patient is stable then you do need to think about whether you need to make a change."

In the LPC's December bulletin, Mr Bennett recommends the following tips for successful MURs:

- Pick 'this month's condition' and check the latest data
- Pick out the repeat scripts for this condition and choose patients who would suit a MUR
- Attach a MUR form to the script of the selected patients
- Ask your dispensary staff to full in as many details as possible from the patient's PMR as they dispense the script
- Attach the half completed form to the bag of medication
- When the patient arrives, ask them if they have five minutes for a quick chat about their medicines
- Be sensitive about how any recommendations are fed back to the GP and the patient.

Your views

Asha Hindocha, Mount Nod Pharmacy, Coventry
MURs conducted so far: 0

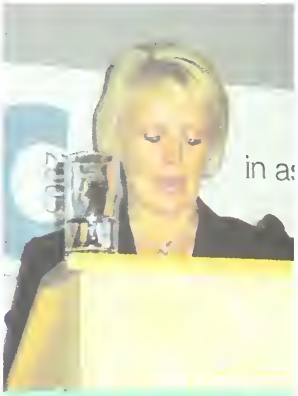
"Not having a consultation room has held us back but now we have one we are going to start in the new year. But independents will struggle to find the time. I really admire pharmacists that have done them"

Geoff Shackleton, director Chave & Jackson's Ltd, Hereford
MURs conducted so far: 0

"It has taken much longer to get through the accreditation course than I would have liked. It's a new service for everyone so expect a slow uptake but we are keen to get involved"

Elena Merlo, manager, Winklebury Pharmacy, Basingstoke
MURs conducted so far: 0

"The issue has been the time involved in gaining the personal accreditation. But I hope to start soon as I think it will be of great interest to patients."



Tina Cooke, Vantage Pharmacy, Sheffield
MURS conducted so far: 12

"We haven't really been able to get into it. We are open six days a week and are a busy pharmacy. The problem has been getting into a routine and finding a way to fit MURs naturally into our day."

Have you conducted any MURs? What tips can you pass on? Email your comments to *chemdrug@cmpinformation.com* or fax to 01732 367065 There's £25 for the best advice!

Oil blast marks black day for local pharmacy

by Max Gosney

Several pharmacies faced damage and disruption after last Sunday's explosion at the Buncefield fuel depot near Hemel Hempstead. Some contractors estimated repair costs at several thousand pounds after the blast.

Neil Kumar, pharmacy assistant at the Village Pharmacy on Leverstock Green road, said: "We had our front windows blown out. The floor is covered in shattered glass and we've been unable to open our shutters. It will cost over £1,000 to fix."

Several of Hemel Hempstead's pharmacies were on the front-line of the blast, which could be heard over 100 miles away.

Margaret Cambridge, a locum pharmacist at the Jupiter Chemist at Highfield, said: "One of the windows was smashed and we've had an increased demand for inhalers because of the smoke.

"Also, the schools have closed so staff have had to take time off to look after their children. The explosion made me jump out of bed."

The Woodhall Pharmacy on Shenley road reported a "lucky escape" from the fire.

Pharmacy assistant Diana Stracey said: "You can still see flames from outside the pharmacy and smell smoke. But we've had only minor damage with grit coming down from the ceiling.

"We've been lucky as we don't store much stock upstairs."

Lloydspharmacy at Queens Square was also hit by the blast. "The force of the explosion has dislodged the tiles on the ceiling and we're concerned that the windows have been weakened," said pharmacist Indu Sharma.

However damage appeared to be dependant on proximity to the oil depot with businesses based farther away from the fire including Boots, Sainsbury's Pharmacy, Alliance Pharmacy, Nash Chemist and Byrons Chemist unaffected.

Deputy prime minister, John Prescott pledged government support for businesses affected by the blast.

Over 40 people were injured and a further 2,000 evacuated from their homes following the blaze.

Fire fails to falter drug supply

Wholesalers have reported business as usual following the Buncefield fuel depot fire.

UniChem said it would maintain full services to customers in the areas affected by last Sunday's blast.

Gary Homes, general manager at UniChem's Letchworth Distribution Centre, said: "We have successfully managed to deliver to all our customers in the Hemel Hempstead area with minimum disruption."

UniChem reported an increased demand for eye care products among its customers following the fire at the UK's fifth largest oil depot near Hemel Hempstead.

Phoenix has also confirmed that deliveries had been successfully re-routed following road closures caused by the oil blast.

Inbrief

Category M out

The next category M list of prices has been published on PSNC's website. The category M list will be valid from January to March 2006 on *www.dotpharmacy.com*

Prescribing boost

Extended formulary nurse prescribers will be able to prescribe seven more medicines, following legislative change coming into force on January 6.

The EFNP formulary will now include: buprenorphine; chlordiazepoxide hydrochloride; oral and parenteral diamorphine hydrochloride; fentany; oral parenteral and rectal morphine sulphate; rectal morphine hydrochloride; and oral and parenteral oxycodone hydrochloride. The order also allows optometrists to sell or supply pilocarpine nitrate in an emergency.

Pharmacy awards

Entries are being invited for the ABPI's 2006 pharmacy awards. The awards will be given to a maximum of six GB pharmacists who have demonstrated improved medicine use, prescribing, dispensing or administration via innovative practice, or increased patient access to medicines and care via new services The prizes will be sponsored attendance at the BPC. Application forms, and details of last year's winners, are available at *www.abpi.org.uk*.

Readership survey

Win £250 in reader survey

Fancy winning £250 to go shopping in the January sales? Well, you could if you respond to our readership survey. Lots of readers have already completed and sent in the form from last week's issue. But you still stand a chance of winning £250 or one of five runners-up prizes of £50 if you get the form back to us by December 31. If someone else has already sent the form in, you can also download the survey from our website at *www.dotpharmacy.com*

Either way, send it to our FREEPOST address (which means you don't need a stamp) at: C&D Readership Survey, CMPi UK Ltd, FREEPOST TN2444, Tonbridge, Kent TN9 1BR. Or you can fax your completed form to 01732 367065.

Thank you for your support and we look forward to hearing your views.

Hazardous waste plans are 'catastrophic'

by Asha Fowells

The medicine disposal service provided by pharmacies faces a 'catastrophic end' if plans to change hazardous waste regulation in England and Wales go through, pharmacy's negotiating body says.

The Department for Environment Food and Rural Affairs (DEFRA) has proposed stopping pharmacies accepting hazardous waste, such as cytotoxic drugs. But such a move may make it impractical for pharmacies to accept unwanted medicines, and result in patients disposing of them in an unsafe way.

PSNC has slated Defra for its plan to continue distinguishing between medical practices and pharmacies. PSNC calls this view outdated in light of the services offered from many pharmacies, such as supplementary prescribing and diagnostics. Removing this distinction would resolve many restrictions in the consultation, which would otherwise prevent pharmacies from accepting sharps, denaturing, Controlled Drugs, and dealing with waste returned by other health professionals.

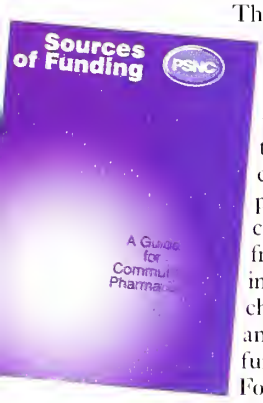
Another aspect singled out for criticism by the pharmacy body is the obligation for all people handling waste to separate hazardous and non-hazardous materials. The organisation dubs this "an unnecessary and unacceptable risk to pharmacy staff", pointing out that patients often return unwanted medicines without the original labels or packaging.

In addition, PSNC says it is "very concerned" at the absence of an authoritative catalogue of hazardous medicines and the reliance on a list produced in the United States. As part of the consultation process, PSNC has suggested that Defra looks to compiling a comprehensive list for use in Great Britain, using the *British National Formulary* as a guide.

For more information:
www.tinyurl.com/8yjuj

Funding guide

Updated guidance on finding funding for community pharmacy is now available from PSNC.



The guide sets out the major changes in the NHS, the new community pharmacy contractual framework, including changes in, and sources of funding. Focusing on England, but also applying to Wales, the guide also gives practical advice on making bids for enhanced and additional services.

For more information:
www.psnc.org.uk/resources

NPA adds voice to patient pack lobby

Pharmacists should be reimbursed for the quantity dispensed, rather than that prescribed, the NPA Board has said. The view supports similar recommendations made by the PSNC and the RPSGB (*C&D, December 10, p7*).

Other points agreed by the NPA Board in response to DoH proposals around reimbursement include:

- Specials: the NPA suggests establishing a working group to look at alternative ways of controlling the cost of specials.
- Zero Discount: it supports proposals to replace the ZD list with a list of full price items, expanded to include cytotoxics, cytostatic drugs, fridge items and foods with a limited shelf life.
- Category M: it suggests that prices should be based on pack size rather than chemical entity.
- Broken bulk: it proposes that the monthly allowance for broken bulk include an element of compensation for split packs of dressings.

Inbrief

Schering award

The College of Pharmacy Practice is seeking nominations for the 2005 Schering Award, presented annually to a pharmacist who has made an outstanding contribution to pharmacy practice.

Proposals should be made, in writing, to Ian Simpson, College of Pharmacy Practice, 28 Warwick Row, Coventry CV1 1EY by January 31.

Questiontime

This week's question:
Which organisation would you say has done the most for pharmacy this year?

- RPSGB
- PSNC/CPW
- NPA/SPF/UCA
- SPGC
- PCC
- PSNI

You have until noon on December 20 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on December 24.

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PLS/ADO/05/210671/1 [illegible]

New supervision guidance

by Anna Hodgekiss

Guidelines for pharmacy supervision while pharmacists conduct private consultations have been issued by the RPSGB.

The information follows several queries received from members about supervision requirements for the sale of pharmacy (P) medicines and the supply of prescription only medicines when medicines use reviews are taking place.

Until now, the Society's interpretation of the *Medicines Act 1968* has been that the pharmacist must be aware of the transaction and be in a position to intervene.

But the new guidance passed by Council last week states:

- POMs can only be supplied if the pharmacist has performed a professional assessment of the prescription and an accuracy check of the dispensed product has taken place.
- P medicines and POMs can be supplied providing robust standard operating procedures (SOPs) are in place.
- The SOPs must clearly identify when a pharmacist's intervention is necessary and be known by all staff members.
- Staff given authority to supply P and POM medicines must be competent and have undergone an accredited training course. If the pharmacist is in any doubt about patient safety being compromised, then the medicines should not be dispatched in their absence.

RPSGB president Hemant Patel stressed it was important for pharmacists to remember they were still liable for all prescriptions. He rejected calls to refer the guidelines back to a working committee, saying MURs were increasing in number and the Society must respond to members' queries quickly. Council members were also advised the guidelines "could change at a high-speed, at any time".

Boots denies Christmas crisis

Boots has rejected claims that dismal December trading could derail its £7 billion merger with AllianceUniChem (AU).

The company dismissed an article in the *Sunday Times*, which suggested poor Christmas sales could spark further opposition among AU shareholders to the deal.

A Boots spokesman said: "These rumours start on a premise that we're not trading well this Christmas. This is not based on any fact, as we won't publish figures until January.

"The merger is still very much what Boots is aiming for and offers a great opportunity for pharmacy in the UK."

However Boots and AU had struggled to convey the proposed merger's benefits to many shareholders, commented William Hobbs, from Barclays Investment Services.

He said: "I think the deal is suffering from management at the companies failing to convince the shareholders. "Boots shareholders are losing their dividend and AU shareholders their growth."

But the merger is likely to go ahead if it receives clearance from the Office of Fair Trading, added Mr Hobbs.

He said: "I don't think Boots' sales are suffering that much this Christmas and they are in a resilient area of the market.

"They've got some issues with the merger but it looks likely they'll resolve them."

The OFT is due to report on the proposed merger in January/February 2006. **MG**

Patients want more choice

Around 59 per cent of patients think extra choice is key to improving standards of healthcare, a Pfizer/MORI survey has found.

Over 37 per cent of the 1,508 people surveyed wanted greater choice of health services outside hospitals, reported Pfizer.

Almost half of respondents said they would seek preliminary health advice from sources other than the GP.

Patients named pharmacists as their favourite alternative to GPs for the treatment of minor ailments, the survey reported.

The profession secured praise for location, ease of access and accessibility, Pfizer added.

The survey precedes the Government's forthcoming white paper on health, which aims to boost patient choice in the NHS.

Glutafin kit

Glutafin has launched a programme to support newly diagnosed coeliac patients.

As part of the programme, patients will receive two welcome boxes containing advice, vouchers, and samples within the first month of joining. The programme also includes monthly communications to provide ongoing support and information and a dedicated section on the manufacturer's website. For more information, visit or *www.glutafin.co.uk* or telephone 01225 711801.

Repeat dispensing is key to coeliac diet compliance

Pharmacists who manage repeat prescriptions for stable and controlled coeliac patients have a valuable role in improving compliance, Ashford GP Dr Sohail Butt said at a recent British Dietetic Association symposium – *Coeliac Disease: Adherence and the Role of the Healthcare Professional*.

Suggesting that coeliac disease could join hypertension as an area for repeat dispensing, he said: "Under their new contract, pharmacists are being encouraged to collect additional information and monitor care of chronic conditions. Coeliac disease has the potential to be one of those conditions."

Dr Butt and other speakers stressed the difficulties that patients encounter in getting prescriptions for gluten-free products that match their needs. The hundreds of varieties on offer can overwhelm many GPs, he said, suggesting that other primary care team members could more effectively carry out gluten-free prescribing.

Claire Wylie, senior dietitian at the Royal Bournemouth Hospital, also noted that poor adherence to a gluten-free diet is often linked to lack of follow-up in primary or secondary care for patients with coeliac disease. Her research shows that compliance with a gluten-free diet rose from 55 per cent to 65 per cent when patients took part in an education and regular review programme.

"Patients are entitled to make an informed decision about whether or not they should follow the gluten-free diet. Regular education by an informed healthcare professional about coeliac disease, the complications of non-compliance and the gluten-free diet is the only way this can be achieved," she concluded.

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Reference: 1. Strecher V *et al.* Poster presented at the 12th World Conference on Tobacco or Health, Helsinki, 3-8 August, 2003

MPs concerned over parallel import 'threat' to patient safety

MPs want urgent talks with the Government after a debate highlighted safety concerns over parallel imported (PI) drugs.

Dr Brian Iddon MP said that pharmacists often did not know where such medicines had come from, at a parliamentary debate last week.

He called for urgent discussions with ministers before patients "start dying as a result of taking these contaminated, counterfeit, parallel-trade products".

The requirement to repackage products if the box and leaflet was printed in a foreign language caused problems, as it forced traders to open packages, the Labour MP for Bolton South East said.

Some drugs were illicitly re-imported from Africa to Europe, with a risk of drugs or information being mixed up due to repackaging, he said.

Highlighting the possibility of counterfeiting, he said that a meeting of the all-party group on the packaging manufacturing industry heard that counterfeiters were buying the same packing material as Pfizer in Kent and other companies including GlaxoSmithKline and AstraZeneca.

He said counterfeit drugs posed a threat to patients and that pharmacists were in the unhappy position of having to try to work out which were counterfeits and which were not. A transport audit should be kept to enable pharmacists to ensure that the package came from the authentic producer, he suggested.

Charles Walker, Conservative MP for Broxbourne, supported Dr Iddon, saying the threat was made worse by the growth in the internet pharmacy trade, 99.9 per cent of which was unregulated.

Health minister Liam Byrne said the PI trade was legitimate under EU law and, if safety concerns arose, the MHRA would be keen to know about them.

The focus of last week's debate was the Commons health select committee, which has criticised the drugs industry for influencing prescribing by inappropriate promotion, including free iPods, nights at a Soho media club, and 'ghost writing' reports in medical magazines. **CB**

Former UCA president is admonished over service

A former president of the Ulster Chemists' Association has been admonished for providing a sub-optimal quality of service at his pharmacies.

At a Pharmaceutical Society of Northern Ireland Statutory Committee hearing last month, chairman Tim Ferris said Sam Wilkinson had gone some way in proving to the committee that the quality of service at his pharmacies had improved but there was some way further to go.

The committee first considered a range of charges against Mr Wilkinson in 2004 relating to the execution of his professional responsibilities, including a number of criminal convictions under the *Misuse of Drugs Act*.

At that hearing, the committee required Mr Wilkinson to improve his pharmaceutical service by writing and putting in place a series of SOPs to cover the professional aspects of his businesses; staff were to receive training to ensure compliance with the SOPs and evidence of audits were to be provided to the committee. In addition, the medicines inspector would monitor the pharmacies.

The meeting last month considered that, in general, SOPs were now in place in each pharmacy and there was evidence of both staff training and audits. The chairman noted that one of the pharmacies, at which there was particular concern, has been sold.

DHSSPS inspector Joe Gault had undertaken inspections of Mr Wilkinson's pharmacies. A number of technical breaches of the MDA had been identified and Mr Wilkinson had been interviewed and cautioned by DHSSPS but charges were not taken.

Mr Gault told the committee that he did not currently have concerns with the services provided at Mr Wilkinson's two remaining pharmacies.

Summing up, the chairman said the committee had decided not to remove Mr Wilkinson's name from the register.

However, Mr Wilkinson was told to improve the quality system he was using.

The chairman made a general comment that all pharmacies needed to appreciate that, as a minimum, a comprehensive quality system should be in place and that appropriate support should be provided to ensure this

Methadone exemption setback

Plans to allow pharmacists to continue making methadone in-house have suffered a temporary setback.

RPSGB Council members referred the proposals back to the law and ethics committee last week for further discussion with the Medicines and Healthcare products Regulatory Agency.

The RPSGB *Code of Ethics* states that licensed products should always be used over unlicensed ones, such as pharmacist-prepared methadone.

But the need to store methadone in a controlled drug cabinet poses problems for pharmacies dispensing large quantities of the mixture.

The Society says it wants to ensure patient safety but is conscious that preventing pharmacists preparing methadone mixture may result in some pharmacies having to reduce the levels of service they offer to substance misusers.

A decision is expected in February. **AH**

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**Between August 2005 and February 2006

Judge recommends leniency for pharmacist

A Manchester pharmacist banned from practising for three years by his professional body won fresh hope from the high court this week of an early return to duty.

Although the judge ruled the ban imposed on Allan Black, superintendent pharmacist at Formans Chemist Ltd, Prestwich, Manchester, could not be overturned, he recommended the RPSGB show leniency and consider his reinstatement after a year.

Mr Black may now be considered for reinstatement from February 2006, a year after being struck off for submitting erroneous claims for the drug Genotropin, which led to an overpayment of £52,000 to the pharmacy.

Mr Black admitted mistakenly submitting claims to the PPA for a total of 416 cartridges of Genotropin between October 1999 and March 2003, when only 222 were dispensed. It was not claimed that he had acted dishonestly, and he argued that he had failed to keep proper paperwork and that the muddle was a result of overwork and the strain caused by the breakdown of his marriage.

The judge said the drugs were prescribed to a child whose mother preferred not to take the full prescription of 30 cartridges at one time, and took no more than eight at a time. However, even though he did not order the full amount of cartridges on the prescription, he claimed the cost of it all. When the mother ran out of cartridges, she obtained a repeat prescription, but Mr Black failed to keep proper records and so the overpayments grew. The pharmacy had repaid nearly all the £52,000.

The judge said: "The finding that his misconduct was such as to render him unfit to be on the Register was inevitable. It was not only the extent of the over-claim, but the fact that, however stressed and overworked he may have been, he did not take the most elementary precautions. His misconduct was in my view so serious as to require a more severe sanction than reprimand."

But he said the decision to remove him for three years was too severe and said he should be given the opportunity to "seek reinstatement before the usual three-year period has elapsed and I would recommend that favourable consideration should be given to an application for reinstatement made once 12 months have elapsed". He added that he had no power to make any directions and was "simply recommending a degree of leniency". **UKL**

Use discretion for underage sex referral

Pharmacists should be able to use their professional discretion to decide when to refer a sexually active child aged under 13 to the police.

The RPSGB Council agreed the proposal last week, in response to local child protection rules requiring health professionals to report sexually active children.

Interim guidance has been prepared (*www.rpsgb.org/ethics*) and detailed advice will follow.

Lynsey Balmer, the Society's head of professional ethics, said: "Pharmacists have a duty to safeguard children and need to be vigilant to signs of sexual abuse, especially in younger children.

"However there are concerns that the automatic reporting of sexually active children under 13 to the police could prevent these children seeking medical advice and support. With the highly sensitive nature of these cases it is important that children are able to build a relationship of trust with health professionals and that there is scope for professional discretion"

Consilient launches online generic service

'Virtual' generics company Consilient Healthcare has launched an online portal in its bid to strengthen its position as a pan-European supplier. The announcement coincided with the company's launch of generic lansoprazole (*see p23*).

The portal will initially be available to distributors, including shortline wholesalers, but the company hopes to extend the service for direct sale into pharmacies. It will allow customers to monitor progress of their order, along the lines of the model used by IT supply companies such as Dell.

Consilient has agreements with five generics manufacturers which it says will ensure integrity and consistency of supply, as it works to be the "premier low cost, reliable supplier of quality off-patent medicines across the European Economic Area".

At the launch of the portal, Consilient's chief executive Douglas Andrews said the company plans to expand its range by 15 to 20 products in the next year.

NI considers Shipman findings

Northern Ireland's health department has set up a project team to review recommendations in the Shipman reports.

The team will:

- Review the recommendations on death certification, regulation of CDs, and the proposals for safeguarding patients.
- Consider their applicability to health and social care.
- Link responses to wider clinical and social care governance .
- Liaise with national and local organisations and groups.
- Develop an appropriate review mechanism to ensure all elements of the plan are implemented.

A Northern Ireland response to the recommendations will be developed and issued for consultation in early 2006.

In brief

Heart help

A resource to help educate patients on ways to reduce the risk of cardiovascular disease has been launched by the Flora Institute.

Covering all aspects of heart health and associated dietary and lifestyle risk factors, the toolkit includes visual aids, and factsheets to be completed by patients during consultations with health professionals. For a copy of the pack, contact 020 7331 5310 or *edel_ward@uk.cohnwolfe.com*

Man of the year

Picture Rochdale Observer

Steve Cohen, Rochdale's Man of the Year (*C&D, December 10, p50*), is seen here (right) accepting the award, which is made annually to reward the efforts of local people. He is seen here with TV journalist John Stapleton. We apologise for the picture used in last week's story, which was incorrectly supplied.

Language problems land superintendent in dock

A pharmacy superintendent who employed an Italian pharmacist who spoke only broken English and was not capable of conducting a phone conversation in English is facing a disciplinary hearing.

The pharmacist from Italy even had an interpreter to help him when he was interviewed after being recruited by the co-owner of a pharmacy in Brighton. His language problems came to light as a result of an incident in which he provided the wrong medicine for a patient.

Now the superintendent pharmacist of the premises is facing RPSGB disciplinary proceedings for failing to ensure that the pharmacist was, among other things "sufficiently competent in English".

The Statutory Committee heard last month that pharmacist Farrokh Zahmatkesh, from Bologna in Italy, was both "inexperienced" and not capable of conducting a phone conversation in English.

It was also claimed that in the time Mr Zahmatkesh worked at the pharmacy in Beaconsfield Road, Brighton, two other members of staff who also had "difficulty communicating English" were taken on and worked under him.

Now the superintendent pharmacist, Maysa Jobreel Al-Natsheh, who the hearing was told only came to the UK every two or three months, faces allegations along with the pharmacy's owners, London-based Preston Park Chemists Ltd, of which she is a director. They are both accused of failing to ensure Mr Zahmatkesh had the requisite knowledge, skills and fitness to perform work delegated to him and was sufficiently competent in English.

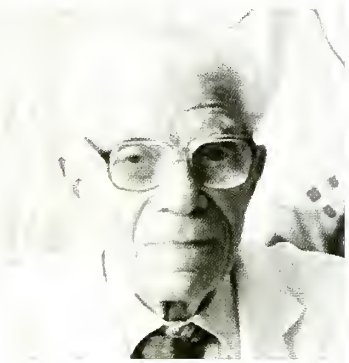
The hearing has been adjourned with no date for its resumption. It heard that Mrs Al-Natsheh allowed Mr Zahmatkesh to continue in charge at the pharmacy despite concerns about his English. He began work at the Brighton pharmacy on October 1, 2002 and resigned in February 2003 after the mistake involving

Society sets out overseas assessments

Pharmacists who have qualified abroad with similar education and training to the UK, can now demonstrate their suitability to enter pre-registration training in the UK in their own country.

The RPSGB's Council agreed to allow overseas pharmacists' assessment programmes to be delivered overseas last week. The decision comes into force on June 30, 2006 (*See also p28-29*).

Dr Jacob Rabinovitch



Following the death of Dr Jacob Rabinovitch, founder of Laboratories for Applied Biology Ltd, the company has sent in the following.

"It is with great sadness that we have to report that Dr Jacob Rabinovitch passed away at the age of 98 on December 9.

"Dr Rab, as he was universally known, founded the company in London in 1944, having fled from France in 1940 following the outbreak of war, travelling on the very last boat to cross the English Channel.

"He was responsible for the research and development of many LAB products, most notably Cerumol Ear Drops. He was still actively involved as a director of the company and will be sadly missed by his co-director, Eileen Nice, and all the staff at LAB."

SPF rejects waste claim

Scotland's pharmacy trade body has rejected a claim by a member of the Scottish parliament that pharmacists are responsible for wasting medicines.

Colin Fox MSP had told a Scottish health committee inquiry "the group in Scotland that wastes the most medicines is pharmacists". He said expired medicines were just "chucked out" by pharmacists, contributing to wastage in the NHS.

But Scottish Pharmaceutical Federation chairman James Semple wrote to the committee, saying that Mr Fox's "premise is false and thus his conclusion erroneous".

He told the committee the cost of any wastage was borne entirely by community pharmacists and not the NHS.

Furthermore, Mr Semple dismissed the MSP's suggestion that national procurement would lead to savings for the NHS. He said that this would just transfer ownership of medicines from contractors to the NHS.

Inbrief

Internet logo

A logo to help distinguish between bona fide and rogue internet pharmacy sites was approved by the RPSGB Council last week.

The visual aid will help patients identify whether they are buying medicines from genuine healthcare professionals, rather than illegitimate organisations.

Verified sites that meet the prescribed standards will display the logo, which when clicked on, will take the user to another site to confirm the seller's legitimacy.

Needle-free news

Pharmaceutical firms are set to deliver needle-free insulin treatments for diabetes sufferers, a report by the Association of British Pharmaceutical Industry (ABPI) has claimed. Over 50 injection alternatives including inhaled insulin powder, transdermal patch and insulin spray are under development said the report.

ABPI president

The ABPI has confirmed Nigel Brooksby as its president from April 2006. Mr Brooksby, chairman and managing director at sanofi-aventis will take over from current ABPI chief Vincent Lawton.

Lansley stays

David Cameron has reappointed Andrew Lansley as the shadow health secretary in the reshuffle after winning the leadership of the Conservative Party.

Mr Lansley is highly rated by Conservative MPs and has frequently raised issues concerning pharmacists in the Commons. He was critical of the OFT report on competition. However, his main task will be to review Tory policy on the NHS.

Our question to pharmacists this week was:

Should pharmacy technicians have a seat on the RPSGB's national pharmacy boards?

"Technicans should have full rights. Without them the system would not work"

Geoff Shackleton, Hereford

"Technicians should not be treated as second class citizens"

Tina Cooke, Sheffield

Technicans have more and more input, so they need to have a voice"

Caroline Harte, Bootle

Our online poll at *www.dotpharmacy.com* said...

31%

Yes - with voting rights

14%

Yes - but with no voting rights

55%

No - RPSGB only regulates technicians

Comment from the Editor

Seasonal MUR bonus

As early Christmas presents go, the Department of Health's decision to increase the number of medicines use reviews that pharmacists in England can claim payment for, appears to be a welcome one.

For those already in the swing of carrying out MURs, squeezing another 50 consultations into the next three months or so can just about be done for the £1,000 extra remuneration.

But come next April, it will be interesting to see how many contractors will actually have achieved anything close to the magical 250. If our straw poll on page 6 is an indication of how pharmacists are coping with delivering the contract, it may well be that only a minority will get the maximum funding.

Many pharmacists, it seems, are only just beginning to tackle the advanced services after having spent most of the past year ensuring compliance with the essential services, with the fitness to practise requirements and staff training, not to mention the demands of running their pharmacy business.

So some may question whether the extra effort to deliver advanced services is worth the extra income? Looking at it simplistically, probably not. Contractors have 'lost' £300m in purchase profits (roughly £30,000 each), which has been offset by income from the establishment payment (£20,000) for those lucky enough to get it, the £3,000 plus practice payments, MUR income and the recently announced IT money.

Longer term, however, pharmacists who have committed to MURs should reap the benefit. Pharmacy finally made it on to the political agenda this year, but ministers need to keep the momentum going. Next year's contract should make even more use of the skills of pharmacists and their staff, but with fair funding for all.

"Is the extra effort to deliver advanced services worth the extra income?"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Internet application is damaging

Alliance Pharmacy's recent application to set up an internet pharmacy appears to have passed almost unnoticed by the press and the pharmacy community. (*C&D October 22, p6*).

Their stated reason is to set up a centralised dispensary for supplying care homes to take the 'pressure off branches'.

However, we at Cambrian Alliance are concerned that, if approved, it would result in a proliferation of remote dispensing services that would prejudice the ability of community pharmacists to provide the advanced and enhanced services – the cornerstone of the future NHS – to patients in their locality.

It is absurd to jeopardise the current move towards pharmacies providing an integrated range of services by introducing remote pharmacies that only provide a small and relatively easy part of pharmacy.

To provide even essential pharmaceutical services, it is necessary to have access to up-to-date patient medication records. I believe the result of patients using a remote pharmacy would be the redundancy of PMRs as a useful source of information.

As the proposed internet pharmacy cannot provide face-to-face services, we believe this would result in a group of patients that cannot benefit from these useful services. Patients in care homes, would certainly benefit from regular medication reviews and advice.

A reduction in the number of scripts going through community pharmacies, many already struggling to cope with new contract requirements, may result in either a reduction in local services or, in the most extreme cases, their complete loss.

We have urged Hounslow PCT to reject the application. We also call on everyone who values a strong independent sector to monitor the development closely, to ensure it does not create a market weighted against independents.

Cambrian Alliance believes independent pharmacies are the heartbeat of many communities and will continue to do everything in our power to support them.

Mark Griffiths is a director of Cambrian Alliance

LPC INBOX

TOPICAL REFLECTIONS

The last check for the final check

Cartoon by Don Seed

I'm glad that the *Health Bill* is apparently being debated fully and by all sides (*C&D Dec 10, p6*). Amendments to the supervision requirements are perhaps the single most important change to pharmacy practice ever, so they must be made carefully and properly. We will be living with the ramifications of this change for years to come, so let's hope every possibility is considered.

The issue of supervision is one that has troubled us for years but it is probably only now that the rules are definitely going to change that most of us are fully considering the implications. If supervision requirements were removed completely there would be chaos, with some pharmacists not bothering to turn up for work at all and public faith in the profession collapsing. Keeping the rules as they are is not an option, so some sort of halfway house has to be devised.

Every conceivable method for a pharmacist to supervise – or not – the main pharmacy operation has pros and cons. An overly cautious approach will restrict our ability to exploit new roles while a laissez-faire system will itself be exploited.

One pharmacist supervising several pharmacies would enable us to really make use of our clinical skills, but could also allow multiples to cut their wage bill. Our favourite selling point of easy access at all times would also become redundant. On the other hand, if we have to justify every absence in advance and limit them to an hour or two, it may not be practical to carry out nursing home visits, formulary reviews, or meetings at the PCT.

This is a difficult tightrope to walk, with a long way to fall on either side. I would be happy for the debate to continue for a little while longer, if only to allow me to get to grips with at least some of the momentous changes going on around me at the moment. Relaxing the supervision requirements is great, but at least give me chance to train up a couple of checking technicians. While I won't be forced to implement any changes, if my local colleagues are taking advantage I will have to keep up with the competition or lose out.

Not a good wheeze

Asthma is one of the main areas suggested for pharmacists to target in their MURs and, according to a recent study (*C&D Dec 10, p32*), it is an area where we could make a massive difference to the health of the nation.

Something is seriously wrong if only half the number of asthmatics in this country are compliant with their medication compared to other countries. Assuming that around 5 per cent (and increasing) of the population is treated for asthma, the numbers affected are enormous. And if many of these patients are non-compliant because of fairly easily tackled side effects, a five or ten-minute MUR consultation should be plenty of time to improve the situation with – for example – recommending the use of a spacer.

Much of the problem may be down to poor communication between GP and patient. If this survey is to be believed, doctors and patients are talking different languages. Most GPs claim half their asthma consultation is spent on management techniques while many of their patients say no time at all was spent on management. I wonder if they were even in the same consulting room.

I don't know how many asthma nurses there are around the country, but it would appear that either there are not enough or they are not particularly effective. Studies like this will become increasingly important to us because if we are carrying out our new roles effectively, we should be affecting these figures. If we make no difference, questions will be asked about our value.

New Year's resolutions

Despite all that has been done by various organisations at a national level and LPCs at a local level, there are still a few contractors 'struggling' with the effective implementation of Essential Services. The old adage "You can take a horse to water..." comes to mind. Direct support for this minority contractor group is the only answer, and it appears that it is basic business management and leadership skills that are lacking.

The need to analyse what the struggling pharmacist owner/manager needs to stop doing, carry on doing, or start doing, is critical, with delegation to a skilled-up team often being the solution. With PCT monitoring already starting in some areas or due to commence in early 2006, demonstrating consistent quality is vital for the future of the profession.

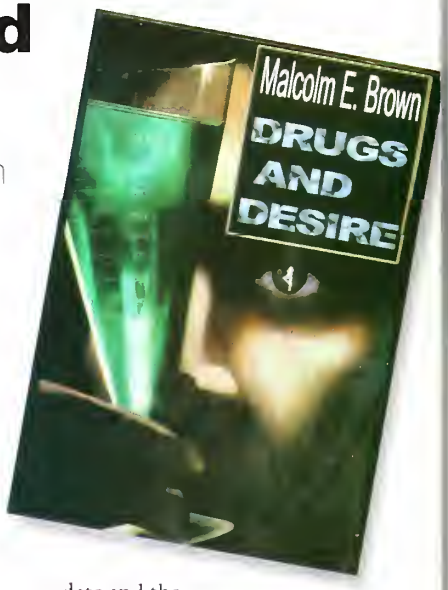
Speaking of the future, practice-based commissioning (PBC) is getting up a head of steam. PBC is a misnomer which creates a mindset of GP-dominated services. However, pharmacy, through the active participation of LPCs, must be involved from the start to ensure that the profession gets a fair opportunity and the desirable elements of choice, plurality and contestability are embedded in the fundamental split of commissioning from provision.

Make MUR an opportunity by delivering quality, not just quantity

A plea to pharmacists for a new year's resolution – make MUR an opportunity by delivering quality, not just quantity, and quell the negativity coming from sections of the medical profession who are struggling to see the benefits of concordance reviews for 'their' patients and who are obviously feeling threatened by pharmacist prescribing and GMS2.

Written by a pharmacist and LPC officer

Drugs, desire and a good read



Charles Gladwin reviews a novel with a pharmacist as protagonist

Are all men cads? Or is it just minor TV celebrity sociologists? And should pharmacists have to settle for second best?

These are the questions that the debut novel *Drugs and Desire* by Malcolm E Brown raise. Dr Brown is a pharmacist with a PhD in sociology and has used his experiences of both professions to contextualise the book. As a pharmacist I found this detail easy to digest; but as a story read for pleasure, this detail might just be a bit too much for some. A literary editor might have helped with this self-published novel.

Nonetheless, there are some fascinating insights into pharmacy for the lay reader, and it is interesting to see how 'non-judgemental' sociologists view pharmacy.

The story itself follows two lives, that of the 'underdog' pharmacist, David, and Adrian, who was in his class at school, but with whom he had little in common. They lead separate lives – and careers – until one day Adrian, a sociologist who married into money, walks into the down-at-heel pharmacy run by the unlucky and frustrated David. Their lives change significantly after David is invited to one of Adrian's 'society' parties.

I'm not sure that the author succeeds in his aim of trying to portray the pharmacist as a hero. The character of David rings true to life in many ways, particularly among those pharmacists who qualified a decade or two ago – but he may come across as just a tad worthy and dull. There is a great deal of pathos, but part of you wants to shout "new contract!" – although that would be unfair and anachronistic.

The impact of the local superstore destroying local businesses brings the story up to date and the description of how things can go wrong in the dispensary brought me out in a cold sweat. "It could have been me" was at the back of my mind. A shockingly violent scene had a similarly unsettling effect, and a family tragedy was all the more effective for being unexpected.

A first novel is often considered to be autobiographical. With so many elements of the daily routine of the pharmacist accurately portrayed, the reader may wonder how much of the description of David's personal life – and lusts – is based on the author's own. The medical profession come in for criticism for their misappropriation of the term doctor, something the character Adrian, with his PhD, resents. And to describe the book as "racy", well ... you can't be prudish reading the book.

"There is a great deal of pathos, but part of you wants to shout 'new contract!'"

All in all, then the book is a bit of a page turner and does entertain, and if you go to *www.amazon.co.uk* you could order it for Christmas. If the story had started more recently, with today's new opportunities and dynamism in pharmacy, a story based on the go get 'em younger crowd of entrepreneurial pharmacists would have shown the exciting direction pharmacy is moving in. Might this be what's planned for a sequel?

Drugs and Desire by Malcolm E Brown. ISBN 1905363672. Paperback £9.99; e-book £2.20. Exposure Publishing. www.diggorypress.com.

This article can help in the following CPD competencies: **G1a, G1c, C1b, C1f.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

OTC triptans are coming

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1356), in association with multiple choice questions being published in *C&D* January 7, provides one hour's continuing education

Objectives

- To know who is suitable for non-prescription treatment
- To know who should avoid triptans
- To be aware of the different medicine formulations
- To understand when to refer to a GP
- To be able to give lifestyle advice

Kam Mander **explains how you might advise on these products if they are switched POM to P**

In the Government's quest to improve patient access to medicines, manufacturers are being encouraged to apply for P status for their products when it is safe and appropriate to do so. That time seems to have come for the triptans.

Although these drugs are currently POM, this could soon change as the Medicines and Healthcare products Regulatory Agency (MHRA) is considering the reclassification of sumatriptan tablets and zolmitriptan orodispersible tablets to P medicines. Sumatriptan and zolmitriptan are indicated for the acute treatment of migraine with or without aura and have been available in the UK since 1991 and 1997 respectively. They have a well-established safety profile.

Reclassification would extend the range of non-prescription medicines available for migraine, allowing patients to manage their condition according to individual need. Because migraine is best treated as soon as possible, making triptans available through pharmacies would also allow for quicker patient access.

What it means for pharmacy

Pharmacists are well placed to help patients manage their migraines, both by offering important lifestyle advice and recommending suitable treatments. With more specific migraine products, pharmacists will be able to help sufferers step up to other treatments if their current medicine is not providing enough relief. In addition, the change of legal status would make triptans the first class of OTC drugs to target migraine pathology.

To support pharmacists in diagnosing migraine and recommending triptans appropriately, the switch is expected to be accompanied by a migraine questionnaire and comprehensive training materials.

Prevalence

Migraine is a complex condition that is still not fully understood despite ongoing research (see *Pharmacy Update, C&D, December 10* on latest theories about causes). The symptoms can vary not only from person to person, but also from attack to attack in the same person. Unfortunately, migraine is all too often misunderstood and under treated, leaving many sufferers feeling isolated.

One in eight people in the UK suffers from migraine and it affects twice as many women as men. It affects people from all age groups, even young children, although it is most common in 20 to 50 year olds.[1] Surprisingly, around 60 per cent of sufferers never consult their GP – often from the mistaken belief that nothing can be done to help.

Current treatments

Current OTC treatments for migraine include:

- Analgesics, for example, ibuprofen, aspirin and paracetamol and various combinations of these with or without codeine.
- Antiemetics such as buclizine hydrochloride and prochlorperazine.
- Analgesic/antiemetic combinations.

One in eight people in the UK suffer migraine, but women are twice as likely as men to be affected

Analgesics should be taken as soon as possible after symptoms start. They can help with relieving the pain of the migraine headache but have no effect on other associated symptoms such as nausea, vomiting or aura. The combination of analgesic and anti-emetic medicine can provide relief

from the migraine headache, coupled with some alleviation of the associated nausea and vomiting. However, these simple and combination OTC treatments may not be effective for everyone.

About triptans

Triptans are indicated for acute treatment of migraine with or without aura in people aged 18-65 years. These agents are useful as a second line in sufferers who have already been unsuccessful with OTC medicines - either because the treatment was ineffective or poorly tolerated.

A suggested, although arbitrary guide, to when triptans should be considered is three attacks when pain relief was not achieved with standard analgesia (British Association for the Study of Headache [BASH] guidelines 2004).

Triptans can be used during the headache phase of the migraine and can provide relief from all symptoms, including phonophobia, photophobia and nausea. The triptans available on prescription are almotriptan, eletriptan, frovastriptan, naratriptan, rizatriptan, sumatriptan and zolmitriptan.

Mode of action

Triptans (5HT$_1$ agonists) are the first class of drugs designed to relieve migraine by targeting the disease pathology. Essentially they work on the brain and the blood vessels believed to be responsible for provoking the symptoms. They stimulate the 5HT$_{1B}$ and 5HT$_{1D}$ receptors to cause:

- Constriction of the cranial blood vessels.
- Trigeminal nerve synapses to stop the release of inflammatory neurotransmitters.
- Reduced trigeminal nerve activity, reducing the pain signal transmission.

Side effects

Triptans have a well-established safety profile. The most common adverse events include nausea, dizziness, sleepiness, and feelings of warmth or weakness, and what is called the "triptan effect" – a feeling of heaviness, tightness, pain or pressure in the throat, neck, chest, arms or legs. Adverse reactions are typically mild to moderate, of short duration, not serious and resolve spontaneously without additional treatment.

Contraindications

Triptans have been associated with rare cases of cardiac disorders, although the incidence of serious cardiovascular events is low. To reduce the increased potential for adverse events that may accompany the wider availability of the products should they gain OTC status, the following have been upgraded from warnings to contraindications in the proposed reclassification (where not already contraindicated)[2]:

- atypical migraines
- known hypertension
- epilepsy or a history of seizures
- concomitant administration of monoamine oxidase inhibitors (MAOIs), ergotamine, ergotamine derivatives or other 5-HT$_1$ receptor agonists
- history of cardiovascular disease including ischaemic heart disease, peripheral vascular disease, coronary vasospasm/ Prinzmetal's angina, cardiac arrhythmias
- history of cerebrovascular accident or transient ischaemic attack
- hepatic impairment

In addition, triptans are not recommended in pregnant or breastfeeding women, or patients who present with three or more of the following cardiovaseular risk factors:

- women who have reached the menopause
- men aged over 40 years
- family history of early heart disease
- diabetes
- high cholesterol
- smoke more than 10 cigarettes per day
- obesity.

It has been proposed that pharmacists confirm the diagnosis using a migraine questionnaire

Implications for pharmacy

Ensuring correct diagnosis

The expected POM to P switch of two triptans means that pharmacists will have to be clear and confident in diagnosing migraine, differentiating the condition from other headaches and referring more sinister presentations to the doctor (*see Box 1*).

For patients who have not been diagnosed by a doctor, the MHRA is proposing pharmacists confirm the diagnosis using the migraine questionnaire, which is in development. This questionnaire will contain detailed information on how to identify customers for whom OTC triptans should be

Box 1: Differentiating migraine from other headaches

OTC triptans are suitable only for the acute relief of migraine with or without aura. Atypical migraines such as hemiplegic and basilar-type are specifically contraindicated, and triptans are not suitable for other types of headaches.

Atypical migraines and other headaches include:

- **Basilar-type migraine** Symptoms include at least two of the following: speaking difficulties; vertigo; tinnitus; hearing difficulties; double vision; visual disturbances (both eyes); inability to co-ordinate muscular movement; decreased level of consciousness; and tingling sensation.
- **Hemiplegic migraine** (familial or sporadic) Symptoms include temporary paralysis on one side of the body together with at least one of the following: fully reversible visual symptoms (such as flickering lights, blindness), fully reversible sensory symptoms (such as tingling, numbness), and fully reversible dysphasic speech disturbances.
- **Retinal migraine** Symptoms include acute head pain, blind spots /blindness (in one eye only), and other visual disturbances.
- **Ophthalmoplegic "migraine"** Reversible focal neurological symptoms lasting for less than one hour; migraine headache is sometimes missing.
- **Tension-type headache** Bilateral mild to moderate tightening pain, which does not worsen with routine physical activity; no nausea, but photophobia or phonophobia may be present.
- **Cluster headache** Unilateral severe pain that is orbital, supra-orbital, temporal or in any combination of these sites, and lasts for 15-180 minutes.

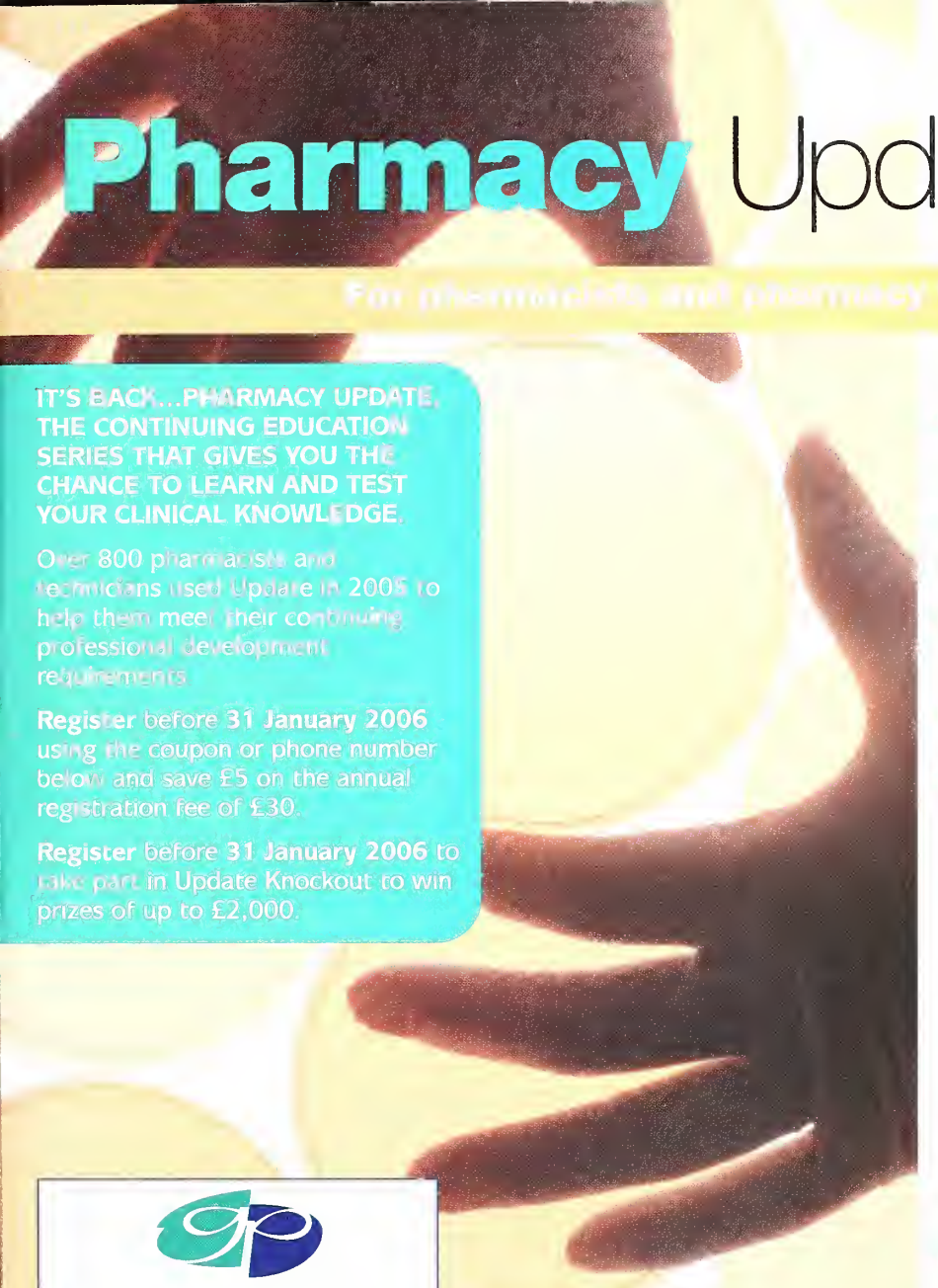
Box 2: Counselling tips

Triggers vary widely from person to person, but the following may help some sufferers:

- Avoid known triggers, especially in the diet.
- Eat regularly (but avoid sugary snacks) to keep blood sugar levels stable.
- Drink plenty of water - at least two litres a day.
- Reduce intake of caffeine, alcohol and drinks containing artificial sweeteners.
- Maintain a regular sleep pattern and habits.
- Try to exercise and take fresh air every day, but avoid unaccustomed strenuous exercise.
- Avoid bright, flickering or flashing light and wear sunglasses/hats in bright sunlight.
- Avoid loud noise.
- Take regular work breaks, especially if using a VDU.
- Ensure work environment is as comfortable as possible.
- Try to avoid stress and tension.

Pharmacy Update 2006

For pharmacists and pharmacy technicians



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2. Get one question wrong and you are knocked out.
3. Keep a clean sheet up to the elimination stage in October and you will be registered free of charge for Update 2007.
4. Get top marks in the elimination exam papers in 2006 and you could win either a first prize of **£2,000** or second prize of **£1,000**.

WHAT NEXT?

- Post the coupon below to Mary Prebble, Pharmacy Projects, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.
- Pick up the phone to pay by credit or debit card. Call Mary Prebble on 01732 377269

GENUS PHARMACEUTICALS

Pharmacy Update and **Update Knockout** is supported by Genus Pharmaceuticals.

Return this completed coupon with your cheque (payable to CMP Information) or credit card details to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

❑ Please register me for Pharmacy Update in 2006. I am taking advantage of the New Year deal to register before January 31, 2006.

❑ I enclose a cheque payable to CMP Information for £25, or

❑ Please charge my credit/debit card for £25.

Card type_____

No._____

Expiry date_____Issue no. (debit cards) _____

❑ Tick this box if you are registering for Pharmacy Update before January 31, 2006, but DO NOT want to be automatically entered for Update Knockout 2006

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (do not send payment). My PSNI registration number is:

_____

Name_____

Address_____

_____

_____

_____

_____

Postcode_____Date_____

email_____

CMP Information Ltd may from time to time send updates about C&D and other relevant CMP Information products and services. Your email will not be passed to 3rd parties. By providing your email address you consent to being contacted by email for direct marketing purposes by CMP Information Ltd.

Daytime phone number_____

(No payment will be accepted without a phone number)

Signature_____

suitable and when to refer a customer to a doctor for further advice. It should be completed by the pharmacist together with the patient, before pharmacy supply of a triptan.

This will be supplemented by other training and education materials for pharmacists so that they can build on their knowledge of migraine management in a pharmacy setting.

While aiming to establish that the customer has migraine, the questionnaire also asks about:

- The pattern and frequency of the headaches - to confirm a stable pattern of symptoms and exclude other types of chronic headache.
- The effect of the headaches on daily activities.
- Medicines previously prescribed for migraine.
- Symptoms experienced in addition to headache, both to identify "red flag" features and to exclude rare forms of migraine.

Other questions will be used to establish whether the patient has any pre-existing condition or is taking any medication that would preclude triptan use. The patient's cardiovascular risk would also be assessed.

Box 3 The MAZE study

The MAZE IV study (Migraine And Zolmitriptan Evaluation) one of the largest migraine studies ever conducted has shed light on patients' migraine treatment strategies.[3] The main findings include:

- Almost all (95 per cent) migraine sufferers have tried OTC products - many having purchased more than one.
- For their most recent migraine attack, 52 per cent of sufferers initially used an OTC product (despite many having access to prescription therapy) and 11 per cent used no medical intervention at all.
- When triptans were used the most common reasons were need for quick control (71 per cent) and severity of attack (70 per cent).

Referral to the GP

A customer should be referred if:

- they have had four or more attacks per month
- if the migraine lasts over 24 hours
- headaches occur on 10 or more days per month
- they do not recover between attacks
- they experience migraine for the first time when they are over 50 years of age

A customer should be referred if other symptoms include:

- unilateral motor weakness
- double vision
- clumsiness or uncoordinated movements
- tinnitus (ringing in the ears)
- reduced level of consciousness
- seizure-like movements (fits)
- a recent rash with a headache
- headache confined to the back of the head.

Ensuring correct use

There appears to be no evidence worldwide of frequent or widespread incorrect use of sumatriptan or zolmitriptan. Excessive use can be a risk with a product for acute migraine. To overcome this, pack sizes will be limited and there will be clear guidance on frequency of use.

Pharmacists will have to be vigilant of any excessive requests, in the same way they are now with analgesics, and refer any patient requiring more than four OTC packs per month to their GP.

Tailoring treatment

Migraine is a very individual condition and treatment needs to be tailored to the sufferer; what works for one patient may not work for another. Counselling and sensitive questioning in the pharmacy is therefore an important way of establishing the individual nature of a sufferer's migraine, helping to determine the most appropriate OTC treatment.

Formulation may be an issue for patients. Sumatriptan will be available as conventional tablets, while zolmitriptan will be available as an orodispersible formulation that dissolves on the tongue without the need for water. The latter can be of benefit if customers have nausea and cannot drink during a migraine attack, or if they find it difficult to swallow tablets.

Pharmacists need to be clear what to do if treatment fails. The MHRA application for the switch indicates that with sumatriptan, if symptoms return after initial relief, a second dose can be taken two hours after the first. With zolmitriptan, a second dose can be taken even if the first has not provided any relief. If no relief is obtained with either of these two triptans, patients should be referred to their GP.

Opportunities

Migraine management represents a good opportunity for pharmacy. With so many patients opting to self-treat, a low level of GP consultation and a high unmet consumer need, migraine sufferers stand to benefit considerably from effective treatment available in the convenient and approachable setting of the pharmacy. For pharmacists this is a valuable opportunity to:

- expand knowledge on migraine
- hone diagnostic and screening skills
- meet an unmet consumer need
- offer migraine sufferers a highly effective and convenient treatment, without prescription
- advise on lifestyle changes that may make a real difference to their quality of life
- help sufferers resume normal activities as soon as possible
- train and support pharmacy staff in managing migraine.

References

1. Migraine Action Association.
5. MHRA Consultation Document ARM 32 (August 11, 2005).
3. MacGregor et al, Curr Med Res Opin 2004; 20 (11):1777-83.

Further reading

Dawson et al, Curr Med Res Opin 2002;18:414-39.
Silberstein et al, Neurology

Actionplan

1 Read at least one of the following articles, published in *C&D Pharmacy Update*:

- *D. Balon, Migraine part 1, May 2000* (on *www.dotpharmacy.co.uk*)
- *D. Balon, Migraine part 2, May 2000*
- *A. Dowson, Is it migraine? August 31, 2002, p17-19*
- *A. Dowson, Migraine options, September 7, 2002, p19-21*
- *M. Greener, Migraine causes, December 10, 2005, p23-24, 29-30*

2. The article draws attention to various cautions when supplying OTC triptans. These include the pattern and frequency of headaches, the effect of headaches on daily activities, medicines previously prescribed for migraine, and symptoms experienced in addition to headache. In your practice workbook list the reason each point is made, suggesting what factors would preclude you supplying a triptan.

3. Ask your counter assistants to refer to you all patients who ask for advice about their headache. Collect data for the first 20 who probably have migraine. The data should include the symptoms, duration, frequency, what medicine they have used in the past, whether it worked, if they know what provoked the headache, and any other significant information. Note what you sell. Can you see any common features in the data?

4. Devise your own migraine questionnaire and compare it with the product-related one when it becomes available. How good was your effort?

5. The move from POM to P medicines is substantial. Is it just a move to more self-care for patients or is it money-based? If the latter, is it really in the public's interest?

Kam Mander is a freelance medical editor and journalist

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 7 issue, which will cover this week's CPP-accredited module.

- **OTC triptans (1356)**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

NICE declares an anti-bias stance

The National Institute for Health and Clinical Excellence has vowed that it will not discriminate against patients, regardless of age, income, and whether or not a condition is self-inflicted.

Clinical guidance should only recommend a treatment for a particular age group where there is clear evidence of a difference in effectiveness, says NICE.

It adds that it is only appropriate to take into account the self-inflicted cause of a condition if it is likely to influence the outcome of a particular treatment.

The organisation's position is outlined in a report entitled *Social Value Judgements – Principles for the development of NICE guidance*, and will be formally reviewed in 2007.

However, the document stresses that decisions about individual patient care will be left to NHS health professionals.

NICE says it will not discriminate in areas such as age

For more information:

www.nice.org.uk/page.aspx?o=283500

Epilepsy drug withdrawal proved safe

Patients who have non-epileptic seizures (NES) should not be on antiepileptic drugs (AEDs), say researchers in Scotland.

Nearly 80 NES patients taking between one and three AEDs had their medication tapered and withdrawn in an outpatient setting.

The majority of patients reported a significant decrease in fit frequency after drug withdrawal, suggesting that the process was not only safe, but also beneficial.

The authors say that up to 80 per cent of NES patients are exposed to AEDs, and a significant proportion of these remain on one or more drugs even when a diagnosis of epilepsy has been excluded.

Leaving NES patients on AEDs increases the risk of teratogenicity posed by women of childbearing age, has cost and medicolegal consequences, and has been found to exacerbate fits, they argue in support of their findings.

For more information:

J Neurol Neurosurg Psychiatry 2005; 76:1682-5

Paroxetine in pregnancy warning issued

The Medicines and Healthcare products Regulatory Agency has written to health professionals following concerns over the safety of paroxetine during pregnancy.

The UK drug regulator is examining findings that suggest an increased risk of congenital malformations following paroxetine use during the first trimester. Further guidance may be issued after the investigation but, in the meantime, the MHRA has warned that the SSRI should only be used during pregnancy when strictly indicated and if the benefits outweigh the risk.

For more information:

www.tinyurl.com/cnrwf

Scriptlines

Prexige tabs

Prexige (lumiracoxib), a selective Cox-2 inhibitor, has been launched by Novartis Pharmaceuticals.

Available in 100mg and 400mg film-coated tablets, Prexige is indicated for the short-term relief of moderate to severe acute pain associated with dental and orthopaedic surgery and primary dysmenorrhoea, and for symptomatic relief in the treatment of osteoarthritis.

Recommended dosing ranges from 100mg to 400mg once daily, depending on the condition being treated. The product should not be used in children under 18 years of age, congestive heart failure, severe hepatic disease, moderate to severe renal dysfunction, inflammatory bowel disease, active peptic ulceration or gastrointestinal bleeding, allergic-type reactions to NSAIDs or aspirin, breast feeding or the third trimester of pregnancy.

Prices and pack sizes: 100mg 30s £17.24, 400mg 5s £3.46

Pip code: 100mg 310-3363, 400mg 310-3389

Novartis Pharmaceuticals UK Ltd
Tel: 01276 692255

Generic lansoprazole

Following the patent expiry of Zoton (lansoprazole) 15mg and 30mg capsules, the following companies have launched generic versions of the proton pump inhibitor: Alpharma, Arrow, Consilient Health, Niche, Hillcross, Generics UK, Ivax, Pliva, Ratiopharm, Sandoz, Teva UK, Sovereign Medical and Winthrop.

Duo bottles

EMT Healthcare has started distributing the Duo range of dispensing bottles.

Suitable for both tablets and liquids, EMT says the polyethylene terephthalate (PET) range removes the need for pharmacies to stock both plastic and glass containers. Available in a range of sizes from 15ml to 240ml, the bottles are graduated in both ml and fl oz for ease of use.

According to EMT, PET has strong barrier properties against water vapour, dilute acids, gases, oils and alcohols, and is shatter-resistant and recyclable, making the material suitable for any pharmacy liquid that does not need special handling.

For more information:

EMT Healthcare Ltd
Tel: 0115 849 7700

Cipralex

Cipralex (escitalopram) has been approved for the treatment of generalised anxiety disorder. Recommended dosing is 10mg once daily, increased to 20mg daily if needed.

For more information:

www.emc.medicines.org.uk

Sativex orders

PSNC has reminded health professionals to obtain a licence before prescribing or supplying Sativex as the cannabis-based medicine is currently classified as a Schedule 1 Controlled Drug.

Once in receipt of an appropriate licence, pharmacies can order the product direct from Farillon by telephoning 01708 379000 and providing the patient's initials and date of birth. Farillon will then deliver directly to the pharmacy on a set day.

Letrozole use extended

Femara (letrozole) has been approved for use immediately after surgery in women with early stage breast cancer.

In addition to its existing indications, the SPC now states that the aromatase inhibitor may be used as "adjuvant treatment of postmenopausal women with hormone receptor positive invasive early breast cancer".

The licence extension was granted following trial data which showed that letrozole reduced disease recurrence post-surgery by 19 per cent compared with tamoxifen.

For more information:

Novartis Pharmaceuticals UK Ltd
Tel: 01276 692255

Folate added to Magnesium-OK

Wassen International has reformulated its Magnesium-OK supplement to include folate and has published a new fact sheet to explain to women suffering from premenstrual syndrome why magnesium can help them.

Each daily tablet of the reformulated Magnesium-OK contains 200mcg of folate as well as vitamins and minerals that are said to keep the tension and tiredness associated with PMS at bay. Additionally, the company says folate may be beneficial in cases of cervical dysplasia.

The fact sheet, entitled *The Ten Things You Need to Know About Magnesium*, by Dr Sarah Brewer, provides information about magnesium, its importance in calcium metabolism and bone health and its dietary sources.

Price: £4.25 for 30 tablets

PIP code: 030-5003
Wassen International
Tel: 01372 387629
www.wassen.com

Nicorette makes a Christmas comeback on television

Nicorette is encouraging smokers to give up over the festive season by running *Karate* and *Killing Time* ads from Boxing Day and throughout January.

Directed by John Birkin of *Mr Bean* fame, the ads will focus on the Nicorette 16-hour patch, which delivers nicotine when it is needed during the day, but not at night.

Research by TNS found that only a minority of those trying to stop smoking are concerned about succumbing to cravings first thing in the morning.

In fact, the majority (93 per cent) of relapses occur between noon and midnight.

Manufacturer Pfizer Consumer Healthcare has committed £3.8m to the marketing campaign, which encompasses TV, DiTV, healthcare professional and consumer press advertising, plus PoS and promotional campaigns in most major outlets.

For more information:

Pfizer Consumer Healthcare
Tel: 01304 616161
www.pfizer.co.uk

Clean hands are an effective way to keep bugs at bay

Cuticura hand hygiene gel and 2 in 1 hand hygiene lotion have been repackaged and will be promoted in a £1m campaign in the women's consumer press.

'Germs will be Germs' advertisements will appear in titles including *OK!*, *Bella*, *Chat*, *Woman* and *That's Life* during December and January, promoting Cuticura for healthy skin.

Practising good hand hygiene is considered one of the most effective ways of helping prevent the spread of germs and Cuticura hand hygiene gel's anti-bacterial action is said to kill 99.99 per cent of germs within 15 seconds. It does not require soap and water and leaves hands feeling smooth and refreshed without stickiness.

For more information:

Keyline Brands
Tel: 020 8893 5333

Lloydspharmacy customer wins Scholl competition

Denise Fortreath has won a holiday worth £1,000 in a Scholl Flight Socks competition run with Lloydspharmacy.

The nationwide competition aimed to raise awareness of deep vein thrombosis and highlight ways to prevent it.

Competition flyers were distributed to Lloydspharmacy customers during the summer and Ms Fortreath's entry was picked from the branch in Dumfries.

A recent survey commissioned by Scholl Flight Socks revealed that although 97 per cent of pharmacists advise customers to wear flight socks, almost half of those surveyed do not wear the socks themselves. However, they take other precautions such as leg exercises, drinking water and walking around the aircraft. Female pharmacists take more care than their male counterparts, the surveyed revealed.

For more information:

SSL International
Tel: 0870 122 2689
www.schollflightsocks.co.uk

Why wait weeks?

Visibly clearer skin in just 3 days!

Help customers deal with mild to moderate spots fast and effectively with Clearasil Ultra Rapid Action Treatment Cream.

- **2% Salicylic Acid – to help unblock pores and reduce redness.**
- **Hydrogen Peroxide – to kill spot-causing bacteria.**
- **Clearasil Ultra pads, wipes, scrub, wash and lotion available – visibly clearer skin in just 3 days.**
- **Clearasil, UK's best known medicated skincare brand, £5.6m marketing support in 2006.**

CLINICALLY PROVEN

Visibly clearer skin in just 3 days

Promoting fish-free glucosamine

The Vegetarian Society website is hosting a joint promotion with Health Perception, the manufacturer of glucosamine. Visitors to both companies' websites have the chance to win a free month's supply of High Strength Vegetarian Glucosamine tablets.

Visitors to the sites need to answer a multiple-choice question, fill in their details, and if the answer is correct, a pack of 30 tablets will be sent to them free.

Health Perception says it has posted over 8,000 free boxes to winners since November. The offer will close on January 1, 2006 or when 10,000 entries have been received – whichever is the sooner.

High Strength Vegetarian Glucosamine is made from a natural source derived from corn. Health Perception claims it is the first alternative to the more traditional shellfish-derived joint care products available.

For more information:

Health Perception Ltd
Tel: 01252 861454
www.health-perception.co.uk

Win Xtreme adventures

Right Guard Xtreme deodorant is offering the brand's 16-24 year-old male audience the opportunity to win Xtreme adventure giveaways in an on-pack promotion.

From January, winners will be able to select an adventure from Earth, Fire, Water or Wind. The pack will also direct consumers to *www.rightguardxtreme.co.uk* for another chance to win.

Top prizes include holidays in exotic locations such as Brazil, Costa Rica, Hawaii and Namibia, while a second prize tier offers UK destinations.

The promotion will be on Right Guard Xtreme Antiperspirant Deodorant, Xtreme Total Protection and Xtreme Body Spray.

For more information:

www.rightguardxtreme.co.uk

The incredible shrinking aerosol

Sarah Lee is marking the launch of Sanex Excel with a £1.3 million television ad campaign. The campaign runs from January 2 to February 5, 2006.

The ad features a woman who is about to use her Sanex aerosol deodorant spray, which shrinks in her hands to half the size, metamorphosing into the new Sanex Excel.

The new aerosol works with only half the amount of gas of a regular 150ml spray, according to the company, yet can be used as many times as a regular aerosol. It also has a new water-based formulation with an innovative diffusion system for a softer delivery.

According to Mintel, innovation that contributes to convenience is likely to drive the deodorants and body sprays market.

Some 74 per cent of aerosol usage occasions are now out of home (ETCD Deos Databases, 6 m/e March 2004).

For more information:

Sarah Lee UK H&BC
Tel: 01753 523971

Christmas closures

The offices of **AstraZeneca UK** will be closed from 4pm on Friday December 23 until 8am on Tuesday January 3 2006.

The medical information department will be staffed from December 28-30, between 9am and 4pm, tel: 01582 836836. Outside these hours, fax a message to 01582 838003 or email *medical.informationuk@astrazeneca.com*. Customer services will be open between 9am to 4pm on the same days for urgent orders, tel: 01582 837837. Outside these hours, fax a message to 01582 838038 or email *customer.services@astrazeneca.com*

The main switchboard for **Novartis Pharmaceuticals UK** will be closed from 2pm on December 23, 2005 until the morning of January 3, 2006.

Medical information will be available until 4pm on December 23, and from 10am to 4pm on December 28-30, tel: 01276 698370. Customer care (for orders) will be available to 4pm on December 23 and from 10am to 3pm on December 28-30. Tel: 0845 741 9442. An emergency medical information service will be available outside these hours, tel: 01276 698370.

The **Roche** drug information customer call desk (0800 3281629) will be closed for enquiries about prescription medicine products from 5pm on December 22 until January 3, 2006 at 9am. An emergency only service will be available during this period through Roche Security on 01707 366000.

The Roche customer care department will close at 4pm on December 23 and re-open for normal service on January 3, 2006. A skeleton service will be provided on December 28-30 from 9am to 4pm.

Outside these dates and times, emergency enquiries only should be directed to Roche security on the number above, who will contact the customer care team regarding urgent supplies of medicines. If there are any queries, contact Customer Care on 0800 731 5711 or fax 0800 169 5432.

Party plasters are invisible!

Scholl has put its Party Feet Invisible Gel Blister Plasters in a sturdy and convenient resealable plastic case so that you can dance the night away in your stilettos over Christmas in the knowledge that if your feet get sore, comfort and cushioning will be to hand at all times.

Party Feet Blister Plasters are colourless, making them convenient to use in a range of footwear. As well as providing cushioning, they use hydra-gel technology, which absorbs the fluid from the blister and helps the healing process.

Scholl has also improved the format by adding a thumb tab, which is easy to hold and guides the consumer through the correct application.

Clip strips have been introduced to aid merchandising and maximise visibility in store.

Price: £4.49

SSL International
www.scholl.co.uk
Tel: 0870 122 2689

BIC has a close shave

BIC's latest triple blade razor is the BIC Comfort 3 Advance for young men, and has a robust handle, rubber grip and triple blade technology for a close shave.

The razor also has a pivotal head, which adjusts to facial contours, and a lubricating strip with aloe and vitamin E.

Available in a pack of four, each razor is a different shade of blue. It will be available in-store from March 2006. One-piece razors are driving growth in the total razor and blade market and now represent 59.7 per cent of volume and 23.6 per cent of value (IR 52 w/e October 1, 2005). Triple blade value sales have grown by 21.3 per cent in 12 months.

Price: £3.89

BIC
Tel: 01895 827 100
www.bicworld.com

Sudocrem wins awards

Forest Laboratories Sudocrem won two accolades from *Mother & Baby* magazine, taking two silvers in the magazine's annual awards for 'Best Skin Care' and 'Best Health Product'.

Sudocrem has a mild local anaesthetic to soothe pain and irritation, while its antiseptic properties and water-repellent base help protect skin.

Forest Laboratories Europe
Tel: 01322 550550
www.sudocrem.co.uk

Bestseller down under now in UK

A'kin is looking to widen the distribution of its natural skincare and bodycare products and is offering retailers a sample pack containing Body Wash and Eye Gel/Cream (worth £20) while stocks last.

A'kin is a pure, natural hair, body and skincare range that is a bestseller in Australia and now available in the UK.

For more information:
Australis Distribution
Tel: 0845 456 0639

TV

Benylin: All areas except GMTV

Bisodol: Sat

Blistex: GMTV, Sat

Breathe Right: C4, five, GMTV, ITV, Sat

Covonia: GTV, STV, B, G, Y, C, HTV, W, TT

Medised: GMTV

Meltus: GMTV

Nytol: All areas

Olbas for Children: GMTV

Olbas range: five, GMTV, Sat

Sudafed Aroma: All areas except GMTV

Sudafed Tablet/Spray: All areas except GMTV

ThermaCare: All areas except GMTV

Vicks First Defence: All areas except GMTV

WindSetlers: five, GMTV

Zovirax Cold Sore Cream: C4, five, Sat

PharmaSite for next week: Freederm – Windows, **Freederm –** In-store, **Pepto-Bismol –** Dispensary
Pharmacy channel: Philips Sonicare, Beechams Flu Plus

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Ashwin Tanna asks if rescinding the agreement allowing Australian and New Zealand pharmacists to practice here was the right thing to do...

Aussie rules

The Royal Pharmaceutical Society has decided that, from next summer, all non-EU pharmacists who wish to come here will have to pass an English test, do a one year overseas pharmacist course, and fulfil the same pre-registration requirement as graduates from UK schools of pharmacy. This would be logical, as the Society has no control of standards in the rest of the world.

However, to terminate the reciprocal registration arrangement with Australia and New Zealand is less acceptable as, previously, pharmacists from both countries were allowed to come to the UK, spend a month in a supervised practice and then register and be able to work here. This was beneficial to our country because it relieved the shortage of pharmacists in the community and in hospitals.

At the Council meeting in December 2003, Council members felt that the existing arrangement with Australia and New Zealand could be construed as discriminatory and at risk from a legal challenge.

I maintain these fears were unfounded. The Society's legal department did not inform the Council at the time that in 2001, an application for judicial review was lodged at the Court of Appeal by two pharmacists, one from Pakistan and the other from Saudi Arabia, to determine whether the arrangement for the recognition of pharmacists qualified in the EU and those qualified under the reciprocity arrangement for Australia and New Zealand, discriminated against applicants from other countries. The court decided it did not discriminate.

Pharmacists qualified in an EU state have an automatic right to work here regardless of their ability to converse with the public. Some EU pharmacists may have a poor command of English. Furthermore, under the new contract, medication use review and the prescription intervention scheme would come under advanced services.

It is extremely important that pharmacists are competent in English as a poor command of the languge could lead to misunderstanding and potentially fatal errors.

There is no test for competency in English and the Society is powerless to regulate EU state pharmacists.

A poor command of English could lead to potentially fatal errors

The only control the Society has is through the *Code of Ethics* that puts the obligation on the superintendent pharmacist or the owner to ensure that pharmacists employed by them are competent in English. But I wonder how many of them seriously take the Society's code into consideration before employing EU qualified staff as there is such a shortage of pharmacists.

The Society is now facing the unenviable task of justifying Council's decision of 2003 by saying that the New Zealand and Australian four year bachelors degree is inferior to our masters degree. It is my understanding that the courses are practically identical. Core subjects are effectively the same in content, duration and rigour. There may be slight differences in non-core subjects.

In Australia, New Zealand and the UK, registration as a pharmacist takes four undergraduate years, followed by twelve months of supervised practice and, finally, successful completion of a registration assessment process. Therefore to say that our degree is superior is an understatement bearing in mind that our degree was increased to four years only in 2002 while Australia and New Zealand made that change in 1989. Also do we really know what standard the other EU degree courses reach?

Finally, there seems to be no evidence to suggest that other professional bodies, such as doctors and dentists would ask Australian and New Zealand doctors and dentists to complete a further university course before allowing them to practice in our country.

Now that we have a new Council consisting of greater numbers of lay members, they should be allowed to review what I believe to be a flawed decision and to re-evaluate the advice on which it was based. I sincerely hope that common sense would prevail among Council members and that the Society would reverse the original decision and continue to allow Antipodean pharmacist to register here under the old reciprocity arrangement.

If, however, the decision was the same as that reached in 2003, that would be democratic, accountable and transparent to the members.

... while **Damian Day**, Head of Accreditation at the Royal Pharmaceutical Society of Great Britain, puts the Society's view on this issue

The **Society** view

The Society does not intend to reinstate reciprocal agreements but it is exploring alternative recognition routes for pharmacists whose education and training is similar to that in the UK. As part of that process, we will be attending the next meeting of COPRA, the Council of Pharmacy Registering Authorities (for Australia and New Zealand), to explore possible schemes in those countries. What we intend to propose will acknowledge both similarities and differences in an informed way, based on the Society being able to verify the content of education and training in Australia and New Zealand.

We are not proposing a return to reciprocity because it fails all three of Mr Tanna's tests: it is not 'democratic', because non-Australian/ New Zealand overseas pharmacists with similar education and training do not benefit from reciprocity – they are disenfranchised by it; it is not 'transparent', because reciprocal agreements do not allow the Society to look behind qualifications at content, academic level or duration; and it is not 'accountable', because we cannot assure the public through our own processes of the standards of education and training in countries covered by such agreements.

When Council took its decision to end reciprocity it was aware of the 2001 Mahmood and Shamllakh case in the High Court (so I do not know on what basis Mr Tanna claims the opposite). Lord Justice Kennedy's judgement has been quoted publicly on a number of occasions but an important link between his comments and the operation of reciprocal agreements is rarely made. He felt pharmacists should not have to take additional assessments to enter the Register if the content of their education and training was appropriate and known to the Society. That is precisely the point: we cannot do so through reciprocal agreements. With a reciprocal agreement, we can enquire about such things but do not have the right to an answer.

It is a false argument to claim that the (excellent) regulatory processes of registering authorities in Australia and New Zealand could be used as proxies for ours: first, they do not ensure education and training in their jurisdictions is fit for purpose in the UK because it is not their remit to do so and, second, they have no regulatory responsibility in the UK. We do, which is why we should exercise it.

Mr Tanna states there is 'no evidence' that other healthcare regulators do not require overseas applicants to take additional university courses before practising in the UK. They may not all require a university course but they require something and it can be substantial. Furthermore, he does not point out that both the General Medical Council and General Dental Council have ended their reciprocal agreements for the same reasons as the Society: to be equitable and because their new legislative frameworks do not permit such arrangements to continue.

The Society is exploring alternative recognition routes

Mr Tanna's point about the equivalence of Australian/ New Zealand BPharms and UK MPharms is both unhelpful and misleading because it claims the Society feels BPharms are 'inferior': the Society has never said that and does not think so. However, it does recognise a difference based on objective evaluation. We have not, and should not, rely on assertions such as Mr Tanna's that they are the same: instead we have taken the advice of the UK qualifications centre responsible for verifying the standards of qualifications overseas, UK NARIC. Through an independent process they state that UK/Australian/New Zealand bachelors and masters degrees are equivalent but not interchangeable. There is a corollary to Mr Tanna's point: if other countries claim their BPharms are actually the same as UK MPharms, and if a pharmacist in a similar position to Mr Tanna claims that, in their understanding, the qualifications are 'practically identical', should we accept those views? As ever, the devil is in the detail. Is 'practically identical' good enough and what is the solid evidence behind the claims?

Mr Tanna's point about the Society's ability to test the command of English of EEA nationals covered by EU legislation is a valid one. We cannot, but pharmacists do have to declare they are fit to practise and violate the *Code of Ethics* if they mislead us. Whatever he might think about this, it is law and not a justification for reciprocity. A second point Mr Tanna makes about EU legislation is that "the Society is powerless to regulate EU state pharmacists". In comparison to reciprocal agreements, we have far more power through Directive 85/432/EEC. It mandates a minimum period of education, minimum period of post-graduation training, fourteen subject areas and the amount of time that must be devoted to core syllabus components – reciprocal agreements do none of this.

Finally, Mr Tanna points out that there are more lay members on Council. Given the additional breadth of expertise this has brought to Council's deliberations, I am confident that this underlines that the Council's action is in tune with modern regulatory practice and is the best way of exercising the Society's regulatory responsibilities.

Pharmacist John Whitworth tells Max Gosney how his

"Burger, fries and

2 Drive round

3 Approach window

1 Drive in

A pleasure beach, illuminations and England's answer to the Eiffel Tower. When it comes to famous landmarks, Blackpool is blessed. And now, thanks to pharmacist John Whitworth, the seaside resort can add another name to its list of novel attractions, a drive-through pharmacy.

A style synonymous with fast food chains can work just as well for pharmacy, explains Mr Whitworth. "Customers pull up by the window and hand over their prescription. Our staff dispense the medicine and they drive back out again," says the owner of Whitworth Chemists group, a chain of 27 pharmacies in the North West of England.

The car-friendly concept has proved an instant hit with patients since the business opened in October this year, says Mr Whitworth. "We've had a tremendous response from customers and people have been using the drive through from day one. For people with young children or people with disabilities it takes the hassle out of going to the pharmacy."

The inspiration for the business, which is the third drive-through pharmacy in the UK, was purely accidental claims Mr Whitworth. "Due to a lack of space we wanted to move from our old branch, which was based around the corner from the drive-through. I saw this large premises and accompanying car park and the idea just came to me."

Mr Whitworth, who launched his first pharmacy in 1968 before setting up generics firm Doncaster Pharmaceuticals, agreed a lease with a private landlord for the property. A £70,000 re-fit including consultation area, dispensary and shop floor has since transformed the former car show room and firework factory into an appealing pharmacy.

But the work is far from finished says Mr Whitworth. "As the premises is very large we still haven't used up all the floor space," he explains. Filling the additional areas shouldn't be an issue for the entrepreneurial pharmacy owner. Mr Whitworth says: "I've got plans to let out an area to a local reflexologist or chiropodist. An optician and several doctors have enquired about extra consulting room space. I am a little bit innovative and wanted to try something different at this site."

Pharmacists have to become increasingly creative as traditional revenue streams dry up, reflects Mr Whitworth. "When I started out in the 1960s people wouldn't go anywhere else but the pharmacy for their toiletries. Now customers are coming in solely to collect prescriptions and we have had to introduce home delivery services."

For some the challenge of change has proved too much. "It's very sad," says Mr Whitworth. "In the past four months we've looked at 12 pharmacies whose owners are over 50 and just can't be bothered with

Whitworth Chemists

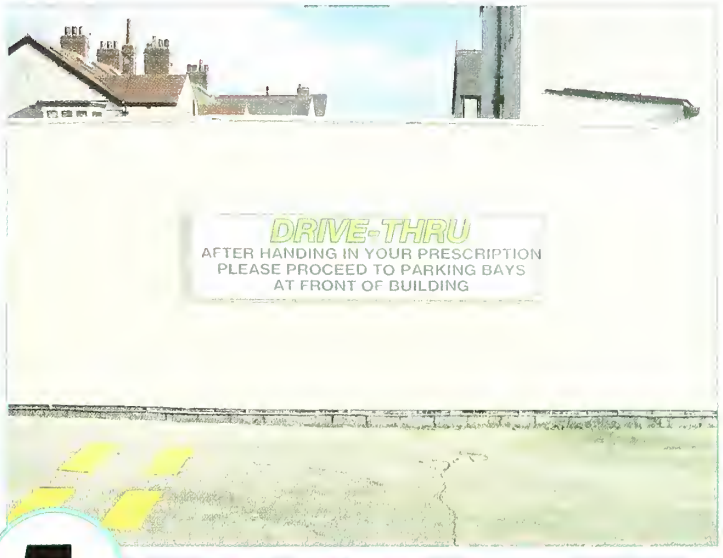
The low-down

- Founded: 1999
- Number of pharmacies: 27
- Turnover: £15 million
- NHS: non-NHS sales split: 85:15
- Number of staff: 170
- Average cost of new pharmacy: £500,000 + refit
- Locations: York, Hull, Scunthorpe, Blackpool
- Future plans: three new sites recently opened in Stockton, Newcastle and Liverpool
- Mr Whitworth aims for over 30 pharmacies in 2006

new Blackpool 'drive-thru' cuts the mustard

prescription please"

4 Hand in prescription



5 Staff bring medicines to parked car

the new contract and everything that goes with it. They're selling up and the number of independents is shrinking week by week."

But, he adds, the market remains ripe for small chains like Whitworth Chemists. "Whereas most large multiples are run by accountants, we are much more patient-focused," explains Mr Whitworth. "If Mrs Smith comes in once a month for a tube of foot cream then we will stock it. We try and give exceptional customer service and it's something I stress to all new workers."

Good staff are integral to his business success, says Mr Whitworth, who values his support team of pharmacy superintendent, Brian Lloyd; purchasing director Marie Pearson; retail development manager Marcus Polakovs; and area manager, Michael O'Sullivan. However, finding the right calibre of front line-staff can prove difficult, he adds. "It's hard to get hold of the good people, particularly pharmacists. We employ both Polish and Spanish pharmacists, who are very talented."

Recruitment will be an ongoing issue as Mr Whitworth recently added three more pharmacies to his portfolio. The new pharmacies are in Newcastle, Stockton and Liverpool. Expansion is set to continue next year, and Mr Whitworth is looking to the north west. "I'm aiming for 30 pharmacies by the early months of 2006. After that we may have to add another tier to the management structure." He concluded: "I've had many offers for Whitworth Chemists in the past three years, but I've not been tempted as I'm happy."

Top: The dispensary has to be very well organised to minimise customer waiting times. Above: Mr Whitworth is looking to let out free floor space to other local healthcare professionals

John Whitworth

Background: Trained as a pharmacist with Boots in Doncaster before setting up a group of five pharmacies in 1968. Started up generics firm Doncaster Pharmaceuticals and sold the retail businesses. Ran Doncaster Pharmaceuticals for 22 years and recorded a turnover of £30m before selling up in 1999. Launched Whitworth in the same year with a group of three pharmacies in Blackpool. The chain is currently 27 strong.

To relax: "I have a house on the Algarve in Portugal so I tend to take lots of short breaks out there."

The high point: "Creating the drive-through pharmacy in Blackpool. It was extremely satisfying transforming it from an old fireworks factory."

The low point: "Coming back into retailing in 1999. So much had changed since I was last in the business."

Two previous articles have defined assisted suicide, looked at what is happening internationally and summarised the House of Lords debate on the topic. In this final article, Jane Ellis asks pharmacists what they think

In at the deep end

The hierarchy of the pharmacy profession has a "wilful lack of willingness" to engage in ethical issues such as physician-assisted suicide, according to Tim Hanlon, chief pharmacist with the British Forces, Germany.

Seven years after he conducted a survey of 320 registered community pharmacists, which found that more than a quarter would rather not know the purpose of a prescription presented to them, Mr Hanlon believes that policymakers at the Royal Pharmaceutical Society have not made any progress in handling difficult issues. He continues to believe that the Society has an "ostrich mentality" on certain moral and ethical issues.

However, Lynsey Balmer, the RPSGB's head of professional ethics says assisted suicide has been identified as having implications for the profession. The matter was on the agenda of the RSPGB's law and ethics committee meeting on 1 December.

Should the law on assisted suicide and voluntary euthanasia change in the UK, Mr Hanlon says it is highly likely that pharmacists would be involved in the supply of the medication involved, but in his opinion they remain unwilling to discuss the subject. He believes this is ill-advised and irresponsible, particularly when it is clearly in the public domain, having been reported extensively in the press.

Any change to the law would impact heavily on community pharmacists, Mr Hanlon believes. "The important thing is for the profession to debate these issues and be prepared," he says. "They cannot ignore the subject for much longer. There is a definite pattern of increasing acceptance of physician-assisted suicide in society and there is more familiarity with the terms of reference as the groundswell of support grows. The important thing is for pharmacy to have a stance and everything will flow from that.

"Evidence shows that Oregon was woefully unprepared for the legalisation of physician-assisted suicide. The issue is certainly here to stay. I'm convinced that it will become law in the UK and pharmacists risk being dumped in at the deep end. They must discuss it and be prepared."

Pharmacists have always been more removed from patients than other healthcare professionals, often regarding them scientifically and objectively rather than emotionally and sympathetically. But Xrayser, our community pharmacist columnist believes intentionally dispensing a lethal dose of medicine would go more against the grain than anything else a pharmacist could do (*C&D, 8 October 2005*).

Pharmacists spend their whole career ensuring that they dispense the correct medication that will not harm patients. But in the case of physician-assisted suicide, the 'correct' medicine will certainly kill them. A dispensing error here could leave someone who wants to die permanently crippled but alive.

Xrayser says while he might consider dispensing drugs to be used to help a patient take his or her life as part of a united profession, he would not wish to preside over a patient's death because colleagues in another pharmacy did not want to be involved.

He would also have deep concerns if the family of a patient who had committed voluntary suicide claimed foul play. Insurance would protect the pharmacist against legal

"A dispensing error here could leave someone who wants to die permanently crippled but alive"

claims, but if foul play were proven, the burden on the pharmacist's conscience would be intolerable.

Joy Wingfield, professor of pharmacy law and ethics at Nottingham School of Pharmacy, thinks it is indefensible for pharmacists to turn a blind eye to what they are being asked to dispense, particularly when they have argued long and loud that to do their job properly they need to know as much as possible about the condition of the patient and the expected outcome of their treatment.

John D'Arcy, chief executive of the National Pharmaceutical Association, agrees that pharmacists ought to be taking a view on their role in assisted suicide. "In the past, as the supplier of medicines, we have waited until everyone else is involved and haven't really had a view. It's a debate that's not going to go away. We should consult our members about it."

The NPA has not yet discussed the subject at board level, but Mr D'Arcy says there is growing interest in it. "It is a major ethical and moral issue," he says. "Pharmacists' role historically has been to prescribe and use drugs where appropriate to preserve life and improve a condition. They have not knowingly been involved in dispensing drugs that would kill the patient. Pharmacists getting involved would be a major shift in policy."

Should the *Assisted Suicide for the Terminally Ill Bill*, or its successor, become law and pharmacists do start dispensing such drugs, an 'opt-out' clause would have to be included, says Mr D'Arcy. Pharmacists would also need to be protected from legal action or accusations of murder if they have acted in good faith.

Mr D'Arcy says pharmacists would not necessarily know from the dose written on the prescription that the drugs will kill the patient, but post-Shipman, they should be on the alert for unusual prescribing instructions.

"In the past it has been hard to challenge a doctor," explains Mr D'Arcy. "Harold Shipman was a well-respected physician in his community and the pharmacists involved would not necessarily have challenged him. In the future, there is the expectation that if a pharmacist receives a prescription for a controlled drug, the doctor will have to explain what it is for."

Pharmacy also needs to consider the important issue of palliative care when discussing assisted suicide. As Mr Hanlon says: "You can never rule out that with counselling or palliative care, a patient might change his or her mind about wanting to end their life."

Pharmacists need to start thinking about the moral and ethical issues outlined in this series of features. As they start to become more involved with patients in the new contract, it is time for them to take assisted suicide out of the 'too difficult' pile and take a stance.

ETP Help Desk

Week 8

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Q WHEN WILL THE ELECTRONIC PRESCRIPTION SERVICE (EPS) BEGIN TO OPERATE?

It is already operating. The service is live at a number of initial implementer sites around the country, and can be used by any pharmacy that has the correct hardware, software and smartcard and is connected to N3, the National Network.

AAH is currently installing the first 'real' site (i.e. not part of the pilot scheme), as it begins to roll out its accredited EPS software, LINK:*Evolution*, to customers across England.

Q HOW SOON CAN I BEGIN USING IT?

As soon as you have the correct hardware and software and have activated your connection to N3, the National Network, you can begin sending and receiving e-scripts.

Q HOW WILL I KNOW WHAT TO DO AND WHEN TO DO IT?

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Q WHY SHOULD I START PREPARING NOW?

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For further information, please email AAH on
LINKEvolution@aah.co.uk
AAH Pharmaceuticals Ltd., Sapphire Court, Walsgrave Triangle, Coventry CV2 2TX

Having a Party?

Not all office parties go with a swing. Acas offers some advice ...

Christmas is a happy time – or is it? People can get overexcited and may act out of character. We've all heard the story about employees photocopying certain parts of their anatomy on the office machine. But what can an employer do about it?

Many organisations find themselves with problems on their hands over the Christmas period, particularly the fall-out from the office party. And the answers are not always as simple as managers may think.

With some preparation, companies can help make it a happy Christmas for managers and staff and minimise the risk of employment tribunal claims. Acas helpline gets hundreds of calls every Christmas from organisations with problems – here are some we prepared earlier.

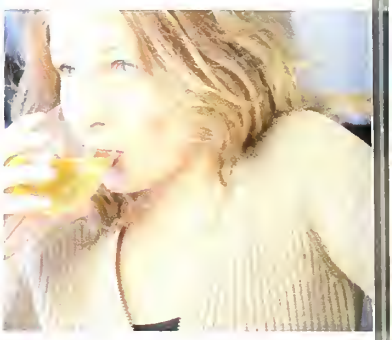
Q What if an employee who has clearly drunk too much at the office Christmas party is planning to drive home. It's not your responsibility is it?

A Wrong. As an employer you have a 'duty of care' for your employees. So as it's the company's party you need to take some responsibility. Think about travel arrangements and maybe end the party before public transport stops running. Or provide the phone numbers for local registered cab companies and encourage employees to use them.

Q How can you make sure people don't get too drunk and fail to turn up for work the next day?

A Make sure there are plenty of non-alcoholic drinks and enough food. Before the party ensure all staff are aware disciplinary action could be taken if they don't turn up for work because of a hangover.

Q What if an employee suffers verbal abuse about being gay at the local pub before the party – it's not on work premises so it's a matter for them isn't it?



A Wrong. Going to the pub before the office party counts as an extension of work and so all the laws covering discrimination still apply. Make sure the company has policies on bullying, harassment and discrimination and that everyone knows about them.

Q What if you can't afford to pay a Christmas bonus this year although you have paid it for the last ten years. Employees will be disappointed but there's no problem with the law is there?

A Wrong. Even though the bonus is discretionary staff can argue that it has become contractual through custom and practice. Tell staff why you are unable to pay and try to agree a solution. You could offer to pay a proportion of the bonus or stagger payments. Or you could offer to pay the drinks bill at the Christmas party!

But don't let potential hazards put you off organising something for Christmas. Staff will feel valued if you treat them right. Ask them what they want to do and for suggestions on dealing with any problems upfront.

And finally ... what do you do with photocopies of bare flesh?! Perhaps the best option is destroy the evidence and keep quiet.

Acas aims to improve organisations and working life through better employment relations. Its helpline – 08457 47 47 47 – is open from 8am to 6pm Monday to Friday. www.acas.org.uk

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FREE LEGAL ADVICE

Chemist & Druggist's web site – *www.dotpharmacy.co.uk* – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm. The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – *pharmlaw@cmpinformation.com* – along with their full name and the name of their pharmacy. The latter two details are for *C&D*'s records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

Shopfitting

Tax Consultants & Accountants

Back ISSUES

Sunburn and scorpions

It all started with an advert on the internal IT system for a Sahara trek to raise money for Macmillan Cancer Relief. I'd heard of the Macmillan nurses, so I knew that it would be a great charity to support.

The 100km trek took place in the Morocco between October 22-30 and for me, marked the culmination of a seven-month training effort that included a 7.5 mile trek in hiking boots and a backpack on a beach in France. This was much to the bemusement of the on-looking sunbathers, but worth it for the experience of walking on soft sand. I also dedicated my time to fundraising, including playing my cello in a local concert, holding a shop fundraising night and some very generous donations from family and friends.

In the desert

We set off at 5am into the desert and the most spectacular daybreak I have ever seen. The view was amazing; occasional trees provide shelter in what is otherwise a barren vista. In places the horizon rises into towering sand dunes, some reaching 1,000ft into the sky.

The trek was difficult but I feel I coped reasonably with the walking. Camels and local Berber guides were on hand to carry the main bulk of our gear. I slept under canvas the first night but thereafter lay out on the dunes. The desert night sky was unlike anything I've ever seen before. With no artificial light, you can see thousands of stars, including dozens of shooting stars. Some of the trekkers pointed out different planets and constellations.

In the morning, I woke to find dozens of lizard tracks, right next to my camping mat.

Trek trials

Heat, of course, was a major problem during the trek. We had been advised to expect temperatures up to 30°C, but they actually reached 42°C. Heat stroke quickly turned into vomiting and diarrhoea, which in the end affected all four supporting crew members, as well as 19 of the 29 volunteers. As you can imagine it was very uncomfortable, and not very dignified when you don't have a handy sand dune to hide behind.

The second challenge came five days into the trek. Usually the temperatures would drop quite quickly during the evening. However, that night the skies clouded over and the temperature stayed very high. Incredible humidity threatened a rainstorm, which brought an invasion of desert scorpions out of their nests and into our camp. One stung a Berber guide, who was left in real pain for several days. The trek leader killed nine scorpions before the decision was made to move camp. Despite a real effort to make sure we didn't take any 'passengers', the next morning we woke up to discover three scorpions had come along with us. It seems one of the trekkers had slept all night with a scorpion under his camping mat.

Ruth Campbell with fellow trekkers Yassin Dickie, also of Alliance Pharmacy, and Dolly

Back home

Now that I am back, I have had the time to reflect both on the wonderful trip I had and on the huge amount of work Macmillan Cancer Relief do for people who struggle everyday to overcome obstacles far greater than any we met in the Sahara. There is talk of doing another trek next year, maybe across the Atlas mountains. As Macmillan will be Alliance Pharmacy's and UniChem's charity of the year, I would love to take part.

It was a privilege to take part in the Sahara trek and I wholeheartedly thank all those who supported me. I've managed to raise over £5,700, which will be split between the national campaign, and a local campaign for a new cancer centre at Gartnavel Hospital, Glasgow. My secure fundraising website is open till December 22, so it's not too late if you want to help raise that a little higher.

www.justgiving.com/ruthcampbell
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